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ABSTRACT

Noting that little is known about the costs and effectiveness of family support services, this study examined the full range of services provided to 40 families in need by two local authorities in North Wales. The study compared costs in the two authorities and well-being for the families after 3 months. Findings indicated that the families in the two study groups were very similar in their social and demographic mix, with high levels of social and economic deprivation. Service response in the two groups was quite similar, differing only with respect to services such as family centers and Home-Start, which were used relatively little compared to social work services. Day care was also a substantial element in service provision, matching the families' emphasis on providing development and play opportunities for their children. Cost of services in the follow-up period was about a quarter higher than in the 3 months preceding the first interview. The average level of well-being as measured in parent interviews was slightly lower in Denbighshire than Conwy; although Denbighshire had a larger improvement in well-being over the next 3 months than Conwy, the follow-up level of well-being was still lower in Denbighshire. Improvement in well-being was greater among respondents who lived with partners, and less among families with financial difficulties or drug/alcohol problems. No statistically significant associations were found between the types of service provided (including day care), their cost, and improvements in well-being. However, day care services were thought by parents to have played an important role in improving their situation. (Thirteen appendices include data collection instruments, sample characteristics, and data tables. Contains 26 references.) (KB)

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# *Supporting Families*

## A comparative study of outcomes and costs of services for children in need

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**June Statham, Sally Holtermann and Gill Winter**

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INSTITUTE OF EDUCATION
UNIVERSITY OF LONDON

# Supporting Families

## A comparative study of outcomes and costs of services for children in need

June Statham, Sally Holtermann and Gill Winter

INSTITUTE OF EDUCATION
UNIVERSITY OF LONDON

Thomas Coram Research Unit
Institute of Education, University of London

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The views expressed in this publication are those of the authors and do not necessarily represent the views of the Wales Office of Research and Development, the Thomas Coram Research Unit or the Institute of Education, University of London.

# 1 Introduction

In 1999 and 2000 the Thomas Coram Research Unit carried out research to evaluate support services for families with children in need in two neighbouring local authorities in North Wales.

We aimed to compare 'packages' of services offered to families at a time of crisis, and to look at both outcomes and costs. This report describes how the study was carried out and the main findings. We have included detailed information in tables in the appendices, for those who may want to consider replicating the work. Many aspects of the research were successful and useful insights into the service response to family needs were gained. However, we also encountered a number of difficulties in carrying out this type of evaluative study and in obtaining adequate information on costs. These problems are also discussed, in the hope that by sharing our experience, other researchers and practitioners can be forewarned and look for ways around the difficulties.

## BACKGROUND

Our study was designed at a time of change in social care. There has in recent years been an increased emphasis in government policy on supporting families through preventive work (e.g. Audit Commission 1994; Department of Health 1995; Welsh Local Government Association 1998; Welsh Office 1999). Providing support to families is seen as the responsibility of all agencies, not just social services, and authorities are expected to adopt a strategic approach involving multi-agency working (National Assembly 2000b). This emphasis on the importance of a supportive, multi-agency approach to helping families in difficulty has been reinforced by the introduction of the Framework for the Assessment of Children in Need and their Families, issued jointly by the Department of Health, the Department for Education and Employment and the Home Office. This stresses the importance of taking into account all the factors that can affect parents' ability to provide adequate, consistent care for their children (Department of Health *et al.* 2000).

A second strand of government policy has been to require local authorities to improve their information systems and to monitor the outcomes and effectiveness of the services they provide. Current practice has been criticised, for example for the lack of monitoring of family support services (Social Services Inspectorate 1999). Initiatives such as Best Value, Quality Protects (known as Children First in Wales) and the Sure Start programme all require authorities to collect information on needs, services, costs and outcomes. There is increased recognition of the desirability of basing service decisions on research that examines not just the effectiveness of social care services, but also their cost-effectiveness (Holtermann 1998; Beecham 2000; Sefton 2000).

## THE FAMILY SUPPORT PROJECT

The North Wales family support project was funded by the Wales Office of Research and Development and supported by an advisory group consisting of an assistant director and senior managers from each of the two social services departments and several team leaders and social workers. It had three parts: a case survey, a literature

review and a comparative study of costs and outcomes. This is the third and final report from the project. The first report, in March 2000, was entitled *Children in Need and Family Support Services in Conwy and Denbighshire: A case survey* (Statham, Winter and Holtermann 2000). This presented results from a questionnaire survey carried out in June 1999, in which social workers gave information on cases of children under 8 who were in need but not looked after, and who had been receiving services from the two social services departments on a particular day in January 1999. It provided a picture of the range of services accessed by social workers to support the families of these children, and related the type of support services offered to the circumstances and needs of the child and family.

The survey found that among the 151 families taking part the main reasons for services being needed were the presence of children with disabilities and children with behaviour problems. The services most commonly provided were sponsored nursery or playgroup places; welfare benefits and legal advice; a family support worker; and financial or material help. Both authorities had a range of provision to support families with young children, and more than a fifth of the families in the survey were receiving five or more services provided or funded by social services. Social workers knew more than two-thirds of the families well enough to be able to judge whether they had improved since January. It was thought that three-quarters of this group had been helped by the services provided.

On the whole there was a sensible relationship between the type and amount of services offered and children's needs, with families who had more complex or long-standing needs generally receiving more services. However, we identified a number of gaps in the support offered and also highlighted the need for better monitoring and recording of information on the needs of families and on the services provided.

The second report, *Outcomes and Effectiveness of Family Support Services: A research review* (Statham 2000), considered the existing evidence from the UK and elsewhere on how well family support services work, and described some of the problems and issues that arise when services are evaluated.

In this third, and comparative, part of the project we looked in depth at families referred for support services to prevent family breakdown. A particular focus was a 'community childminding plus' scheme which was available only in Conwy. This scheme, called *Cynllun Gwarchod*, was run by NCH Action for Children and funded by Conwy Social Services. It provided care by specially trained childminders, including overnight care in the child's own home where appropriate, to prevent children needing to be accommodated by the local authority.

The main aims of the comparative study were:

- To evaluate the effectiveness of two contrasting configurations of services in supporting children within their own families, by comparing two groups of families, with each group from one of two local authorities that were similar in their socio-economic and geographical characteristics but differed in the range and quantity of services available for supporting families. All the families were at risk of breaking down without the provision of services, and thus were a higher need group than those included in the earlier survey part of the study.
- To undertake a cost-benefit analysis of the service packages, and to provide insights into the process of carrying out economic evaluations in the social care field.

The intention was to study 30 families in each of two adjacent local authorities. They would receive their first visit soon after the arrangement of services and a further visit three months later. In this way we hoped to examine changes in their situation and their well-being over time and to compare the service packages received and their costs.

## THE TWO AUTHORITIES

Conwy and Denbighshire are neighbouring authorities in North Wales, with many similar features: a child population of around 20,000 (23,100 in Conwy; 19,900 in Denbighshire by mid-1997 population estimates); similar geographical areas, covering coastal

towns (e.g. Prestatyn, Rhyl, Llandudno) and rural areas to the south; pockets of Welsh-speaking families, especially in the more rural areas; and a mix of disadvantaged and more affluent areas. Overall indicators of disadvantage are similar to the average for Wales, but both authorities have areas with a high level of unemployment and social disadvantage, and both face the particular challenge of providing for children and families in need who move into the seaside towns during the summer season.

Conwy had restructured its children and family service just before the study began. Services had been delivered through two child-care teams (Colwyn and Llandudno) and a children with disabilities team (in addition to teams covering family placement, youth justice and residential services). In 1999 the service was reorganised into a referral team (undertaking initial assessments and short-term work), a family support team (working with families on a longer-term basis) and a looked after children team, plus a post of child protection co-ordinator. In Denbighshire at the time the comparative study was undertaken the children and family service was organised into two area-based child-care teams (Rhyl and Ruthin), a children with disabilities team and a child protection team. However most assessment of children in need and short-term work with families was undertaken by two generic community support teams who were responsible for both adult and children's services. Since then, restructuring has brought this early work with children in need into intake and assessment teams within the children and family service.

At the time of the study, both Conwy and Denbighshire provided a range of family support services, including sponsored day care, summer play schemes, respite care for children with disabilities and financial help under Section 17 of the Children Act. NCH Action for Children provided a number of family support services under a service level agreement in both authorities, including a Young Carers project and Snapdragons (an integrated club for children with disabilities). In both authorities, practical and emotional support for families was provided by parent/family support workers (two in Conwy; four in Denbighshire) and sessional workers. However, there were also differences in the types of family support available in each county. For example, Conwy had a Home-Start scheme and the *Cynllun Gwarchod* community childminding-plus scheme, but a family centre was still in its early stages of operation. Denbighshire had two family centres run in partnership with NCH, one offering a range of open-access services for local families and the other focusing more on families referred by social services, but no Home-Start or community childminding scheme – although there were plans to develop these under the Sure Start programme. Two key multi-agency services which support families, the Rhuddlan Children's Centre (for children with disabilities) and the Child and Family service (child mental health), are based in Denbighshire but serve both authorities.

# 2 Methods

## SAMPLING PROCEDURE

An important consideration in the design of the study was that in order for us to make valid comparisons the families should enter the study in circumstances as similar as possible in each authority. We intended that the sample in Conwy would consist of all the families who were referred for *Cynllun Gwarchod* during a nine-month period. All these families would be experiencing difficulties where it would appear that the special child-minding service of *Cynllun Gwarchod* would be helpful in preventing family breakdown. In Denbighshire the sample was obtained by social workers identifying among families referred for a support service those who would have been suitable for something like *Cynllun Gwarchod* had it existed. Social workers in Denbighshire were given criteria for identifying these families (see Appendix 1).

In the event, soon after the start of the study Conwy Social Services and NCH Action for Children reviewed the criteria for *Cynllun Gwarchod* and clarified that it should only be offered to families as a short-term crisis measure. This had the effect of reducing the use of the service and for a while referrals to the service stopped completely. At that point we changed the method of obtaining study families in Conwy, and social workers were asked to inform us, as in Denbighshire, of any families that might have been offered *Cynllun Gwarchod* had it still existed in its previous form.

## STUDY DESIGN

Data were collected through two parent interviews conducted at home by an experienced interviewer who was part of the research team. The parent interviews collected information on demography, education and employment, housing, health, social contacts, respondents' descriptions of their problems, their felt needs for services, service use in the previous three months, and their current well-being. Most questions were structured but qualitative material was also recorded.

In addition, two interviews were carried out with the social workers responsible for each case, some by phone and some face-to-face. These interviews were carried out at initial entry to the study and after three months. Social workers were also offered contact sheets on which to record the amount of time they spent on visits to the families during the three-month period and other work associated with the case. And, one year after the initial interview, a further telephone interview was carried out with a sample of social workers for cases where a full year after first interview fell within the study period.

## OUTCOME MEASURES

Two instruments were used to measure the current state of well-being of the respondents at the initial interview and at the follow-up interview three months later. The first measure was the General Health Questionnaire developed by Goldberg (1981). The version we used contained 28 questions about how respondents were feeling at present in comparison to their usual state.

The second measure was adapted from a Family Problems Questionnaire developed by Gibbons (1990) and used by Thoburn *et al.* (2000), in studies funded by the Department of

Health (see Appendix 2). It asked respondents whether they agreed with each of 23 statements, with a five-point scale from agreeing very strongly (5) to disagreeing very strongly (1).

Other outcome measures obtained were:

- whether children had been placed on the child protection register or subject to a child protection investigation during the three-month follow-up period
- whether children had needed to be accommodated during the follow-up period
- the respondent parent's perception of whether their situation had improved
- the respondent parent's satisfaction with the services offered
- the social worker's perception of whether the situation had improved for the family and/or the child.

## RESPONSE

The first approach to the families was made by a letter explaining the study, and the face-to-face interview was carried out soon after. Most parents co-operated readily but there were seven cases out of the 50 families referred to the study where no first interview was achieved (four of these because they had moved house, three because of refusal). Three families were then lost to follow-up because of moving away (two cases) or refusal. The low refusal rate, particularly given the high level of need among the study families, reflects the persistence and tact of the interviewer, who often needed to call or visit many times in order to establish contact and arrange a convenient time for the interview. In four cases there was no second social worker interview because the case had been closed or there was no social worker allocated to the case. One-year follow-up social worker interviews were carried out with ten cases, all but one of which were still in touch with social services. Appendix 3 describes the response at each stage of the study.

Cases came through more slowly than expected, despite regular contact with social workers and team managers by phone and email to remind them to refer suitable cases to the study. In the nine-month period between May 1999 and February 2000, first interviews were conducted with 43 families: 21 in Conwy and 22 in Denbighshire. The analysis was conducted on the 40 families for whom there were both first and second interviews completed: 20 in Conwy and 20 in Denbighshire. The small samples restrict the comparisons that can be made between authorities. Tables report number of cases rather than percentages.

# 3 Findings: the families at first interview

## DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

In both counties the families proved to be severely disadvantaged. Appendix 4 shows selected characteristics of the families in each authority and overall. Most respondents were female (35 cases). Over half were living as lone parents and only a quarter were living with a partner who was parent of all the children at home.

The average number of children living at home was three, and half of the families had three or more children at home. Thirty-one families had at least one child under 8 and eleven had three or more children under 8 at home. Twenty-eight had at least one child under 5 at home.

Half of the respondents had no educational qualifications. This is considerably higher than among the general population: the 1992 General Household Survey shows that among women and men aged 20 to 40 only a fifth had no educational qualifications at all. Just over half had received some further education since leaving school. Most (36 out of 40) of the respondents were not in either full-time or part-time employment (compared to 41 per cent among all women with dependent children in the 1992 GHS), and three-quarters of the families contained no wage earner. Only nine respondents had a partner in employment.

Half of the respondents reported that they had a long-standing illness which limited their activities. This is much higher than among the general population of this age group: the 1998 GHS shows that among women aged 16–44 13 per cent had a limiting long-standing illness. Among our sample over a third (14 families) had a child with a limiting long-standing illness, including heart defects, asthma, autism, epilepsy, cerebral palsy and ADHD (Attention Deficit Hyperactivity Disorder).

There was a high level of instability in the housing situations of the families in our study. Half of the respondents had had three or more house moves in the previous five years. Half lived in council or housing association accommodation, and 15 cases lived in private rented accommodation (including holiday lets) or were living temporarily with friends; only four were owner-occupiers. Most had a telephone and washing machine but only a quarter had use of a car or van during the day.

At the entry to the study, soon after referral, the social workers were asked about the situation of the family and the reasons for providing services to support the child. Table 8.2 shows that a majority of families (26) had already been known to social services for three or more years and that half (nine in Conwy and 11 in Denbighshire) contained a child who had at some time been on the child protection register or subject to a child protection investigation. Fourteen families had a child who had at some time been accommodated. Nearly half had a history of domestic violence, and 16 families were known to have had a parent at some time in trouble with the police.

The socio-economic and demographic data collected at the first parent and social worker interviews were used to construct two summary composite indicators, very similar to those used in Gibbons (1990) and Thoburn *et al.* (2000). The first was an indicator of socio-economic disadvantage and the second was an indicator of vulnerability. Appendix 5 shows the construction of these indices. Scores of three or more on the social disadvantage index and two or more on the vulnerability index were categorised by Gibbons as high. On this

basis, nearly three-quarters of the families in our study had a high level of social disadvantage (15 in Conwy and 12 in Denbighshire) and a high level of vulnerability (15 in Conwy and 14 in Denbighshire).

We were particularly interested in families living in isolated rural areas, because there has been little research into how well family support services are provided for this group. We classified families into one of three groups: isolated rural, village, or town of population over 2000. However, although the sample was recruited over a nine-month period, all except one lived in a town with a population of over 2,000. The earlier case survey part of the study similarly found that rural families were under-represented among those receiving family support services. Whether this is because problems are concentrated in the towns or because problems in villages and isolated rural areas are being missed we cannot say.

Some families did experience problems associated with rural areas, even though they were living in a small town. One single mother, for example, with a large family of young children and no access to a car, was finding it difficult to manage. Having moved from an area where there were 'plenty of bargain shops and you could get things on tick', she found local shops expensive, was finding it difficult to get her family registered with a local dentist, and was having to travel 15 miles to the main town to sort out problems with her housing benefit.

From a national perspective, all of our sample would be regarded as living in a rural county. They can thus be compared with the sample of 55 families from a rural county included in the research of Thoburn *et al.* (2000). This studied families with children under 8 who had been referred either because of child protection concerns or because of a request for a social service. Where the same indicators are available, our sample was more disadvantaged than the Thoburn county sample, having for instance more families with five or more children at home (13 per cent of our sample compared to 5 per cent of the Thoburn county sample), more families with no wage earner (73 per cent compared to 58 per cent), and more lone parents (58 per cent compared to 47 per cent in the whole Thoburn sample).

We considered undertaking a 'matched pairs' analysis, by pairing individual cases (one in each authority) on a set of personal circumstances. However only five pairs could be found, and they differed in too many other characteristics and in their outlooks and concerns to make this feasible. We decided instead to focus the analysis on comparisons between counties in the number or proportion of families in various circumstances. The profile of families in Conwy and Denbighshire was very similar, as Appendix 4 shows, indicating that the sampling procedure had been successful in drawing in similar types of cases in the two authorities.

## PROBLEMS EXPERIENCED BY THE FAMILIES

In the first interview, parents were asked what they considered to be the main problem or need they had at the moment. The vast majority described more than one problem: all but three families in Conwy and all in Denbighshire. Over half cited three or more problems (eight in Conwy and 14 in Denbighshire) and the main problem was rated as 'serious' or 'very serious' by more than three-quarters of families in both authorities. The most common problems were worries about the children, relationships with partners, and concerns about parenting and childcare, all mentioned by four in ten families. Their own mental health was a problem for a third of parents, and financial and housing difficulties were noted by around a quarter. Table 6.1 provides a further breakdown.

The figures give an indication of the high level of need among these families, but give little feel for the reality of the difficulties which many were facing. For example, the category of 'parents not coping because of behaviour of a child' included the following situations: parents with several children under 5 who were unable to manage their behaviour and had had their 4-year-old excluded from nursery; families of eight or nine children where several had disabilities including autism and severe behavioural problems; children who were abusive and threatening to their mothers or who persistently harmed themselves.

Often the parents' own learning difficulties or poor physical health exacerbated the problem.

Many of the mothers interviewed were receiving treatment for depression and mental health problems, and were observed in interviews to be low and despairing: 12 scored highly (10 or over) on the GHQ scale measuring feelings of worthlessness and life not being worth living. There were mothers experiencing severe post-natal depression, with a past history of being abused, and living in fear of violent partners.

Poverty and poor housing featured in many of the families' lives. The researcher who arrived to interview one mother initially thought that she was ill because she was in bed with the lights off and the children were on the floor watching television, but it turned out that she was in bed to keep warm and the lights were off to save electricity as the money in the meter had almost run out. Other families were facing eviction because of rent arrears, were in court for non-payment of fines, or admitted to 'losing' their benefit book every few months so they could claim twice, in order to make ends meet.

The extent of the problems which social workers and other agencies were attempting to help families overcome can be illustrated by the following example.

> At the first interview the mother had recently returned from hospital after an operation following the birth of her sixth child. She was still very weak, and had little support as her partner worked away from home. She was offered a nursery place for two of the children, and later a family support worker to take the children to school three days a week. She was also visited regularly by a social worker and health visitor, and an education social worker was involved with the older children. By the time of the second interview three months later, her health was still poor, her marriage had broken down and she was struggling to care for six children under ten. There were housing problems: the kitchen ceiling had fallen down, the fridge had stopped working, there were mouse droppings upstairs as well as down so the children were afraid to sleep in their beds. She described the children as being constantly ill: 'if it's not flu they've got diarrhoea and sickness'.

Several studies in the Department of Health's Children Act research programme utilised a typology of families of children in need, grouping families into broad categories according to the level and extent of their difficulties (Department of Health, 2001). We adopted a similar approach, grouping the families in our study into four categories:

- *Multiple long-standing problems* (16 families)
  Families who had usually been known to social services for a long time, with many problems which appeared difficult to resolve or a history of difficulties as a young adult which continued after the study child was born.

- *Acute stress* (10 families)
  Where at least one parent was usually able to provide adequate physical and emotional care to the child, but was impeded at the time of the referral by a particular problem or by an existing problem worsening so that the situation became acute.

- *Several issues but coping* (9 families)
  Families facing multiple problems, but who appeared to be coping.

- *Short-term problems* (5 families)
  Where at least one child was 'in need' but the difficulties could be resolved by practical help, advice, counselling or case work to meet a short-term problem or to help the child receive more appropriate help from mainstream services.

The allocation was made on a mixture of qualitative and quantitative indicators. Table 6.3 shows the number in each county in each category.

Social workers were also asked at the time the families entered the study for the reasons they felt services were needed to support the child (Table 8.3). The reason most frequently given was that parents were not coping because of a child's behavioural problems (20 cases), followed by the child having disabilities or the parent having a mental health problem. The family's financial circumstances, the number of children under 5, misuse of drugs or alcohol and domestic violence were also frequently mentioned. Social workers appeared well aware of families' needs and circumstances. Since the views of social workers and families themselves are both to a degree subjective, it was of interest to find that the social-worker perception of the problems that needed to be addressed matched quite closely the problems described by families themselves.

## THE SERVICE RESPONSE: SERVICES ARRANGED FOR FAMILIES

All families were selected at the point where they were being offered at least one service. Table 7.1 shows the main service offered – mostly day care – and other services arranged for the families (including any that the families were already waiting for at the time of referral). The existence of the special childminding scheme, *Cynllun Gwarchod*, in Conwy meant that day care was arranged for significantly more children in need in that county, though in the event, because of the very short-term provision of the *Cynllun Gwarchod* service the actual amount of sponsored day care received by families did not differ between the two counties (see p. 17 on the use of services).

Table 7.1 shows the services arranged for families at the point they entered our study, in response to a particular crisis or new need. However, many were already receiving services, and this whole package of support needs to be taken into account in the cost-benefit analysis. Tables 13.1 and 13.2 show the quantity of each service used by families over the three-month period between the first and second interview, and provide a full picture of the range and quantity of support offered. Each family used on average eight different services.

Some of this support was provided by social services, such as a social worker (28 out of 40 families), family support worker (10), foster carer (8) or sessional worker (5). Other services were provided by voluntary agencies with social services funding, such as *Cynllun Gwarchod* (7), Glan-y-Mor family centre (6) or Home-Start (5). Health services were used by most families: 34 had seen their GP (on average nearly six times) over the three months, over half were in touch with a health visitor and 19 had seen a child health specialist such as a paediatrician or specialist at the Rhuddlan Children's Centre. Twelve parents were supported by an adult mental health service such as a community psychiatric nurse or psychiatrist, but only two children had attended the child and adolescent mental health service over the three-month study period. Health professionals were the most common source of referral for services at the point families entered our study (Table 8.1).

There were some good examples of multi-agency work to support families in the study, such as that described in the box on p. 10. However, there were also examples of families waiting for a service from another agency, such as education, health or housing. Children were most likely to have to wait for an appointment with the child and adolescent mental health service, for services from the Local Education Authority such as statementing or a place in a special school, and for speech therapy (Table 7.1). Three of the families waiting for or referred for Child and Adolescent Mental Health Services (CAMHS) at the first interview were still waiting three months later. Since it was their children's behaviour that was most commonly cited by parents as the main source of difficulties, and since many parents clung to the hope that specialist help would improve matters, this delay was a major cause of concern to them.

Families were asked at the first interview how they felt about receiving the services that had been offered and most were very positive about the prospect (Table 7.2). When asked how they thought that the main service arranged for them would help, the most common

**Interagency family support**

One father was the main carer for his wife and 8-year-old son. The whole family suffers from one form of disability or another: the father has recurrent back problems; the mother has mild learning difficulties, epilepsy, asthma and arthritis; their son has learning difficulties, cerebral palsy and epilepsy. The family was already benefiting from home support from a voluntary agency (Crossroads) and the child regularly received overnight respite care which could be extended if the father needed to go into hospital because of his back. Various health specialists were involved with the child, who also received speech therapy at school. The mother attended an activity centre for people with learning difficulties twice a week, which gave the father some time to himself, and she was visited every fortnight by a social worker. The additional support offered by social services at the time the family was identified for the study was parenting sessions at a family centre for mother and son, so that she would be more able to care for him when her husband was unwell.

answers were that it would allow the parent to spend time on her (or his) own or with other children and that it would provide development and play opportunities for the child (Table 7.3). They talked about 'giving me a break', 'time for myself', 'a moment's peace' and 'stopping the children being bored'. Social workers had similar views about what they hoped providing the service would achieve. When asked about their objectives in arranging services, the two most common answers given by social workers mentioned child development and improving children's behaviour (21 cases) and supporting parents or giving them respite (18 cases) (Table 8.4).

## WELL-BEING AT THE START OF THE STUDY

Measures of well-being were obtained from the General Health Questionnaire and the Family Problems Questionnaire (see p. 30) at both first and second interviews, but here we consider how families were at the start of the study. Appendix 9 gives the overall results and some details, which cover both interviews and are later in this report used to make comparisons over time.

The responses to the 28 questions in the General Health Questionnaire were scored from 0 (feeling better than usual, or feeling all right) to 3 (feeling much worse than usual), and for each family the aggregate GHQ score was calculated. The average of the aggregate scores in the whole sample of 40 respondents was 34 at the first interview (Table 9.1). The average aggregate score in Denbighshire was higher (i.e. a lower level of well-being) than in Conwy (38 compared to 30, a difference statistically significant at the 15-per-cent level).

It is conventional to note where results are statistically significant at the 10-per-cent level or below. As there are only a few results in this study meeting that criterion, but quite a few that are close to it, we have noted results that are significant at the 25-per-cent level or below.

The Family Problems Questionnaire made 23 statements about difficulties the families might be experiencing. Responses were scored from 1 for 'strongly disagree' (that he/she had the problem) to 5 for 'strongly agree'. Respondents did not all answer all questions (mostly because some questions referred to a partner that they did not have), so a mean score over the questions answered was calculated for each respondent. The average of the mean scores for all 40 respondents at first interview was 3.2 (3.1 in Conwy and 3.3 in Denbighshire).

In addition, the proportion of answered questions where the response was 'agree' or 'strongly agree' was calculated for each respondent. Overall this average was 49 per cent (45 per cent in Conwy and 53 per cent in Denbighshire). This indicator showed more change over time and more differences between groups of families, so the tables of Appendix 9 show results for this indicator rather than the average scores on the Family Problems Questionnaire.

Table 9.2 picks out some of the individual questions of the Family Problems Questionnaire, showing the number of cases in each county agreeing or agreeing strongly with the statements given. Notable are the large numbers (31 at first interview) saying that they sometimes need a complete break from the children for a short while, and the small numbers (6) saying that they sometimes worry that they will lose control and harm one of the children. Over half said that they find control and discipline of the children a problem and that it is difficult to find enjoyable things to do with the children, but only a third said that they need some help with the job of being parents. Nearly three-quarters described their family as having 'quite a few money worries'.

We also looked at whether there were significant differences in well-being between various types of family, and the results are shown in Tables 9.3 and 9.4. Some types of families can be expected to be more vulnerable to stress, for instance those with large numbers of children, very young children, those with no partner or wage earner in the household or those with a long-standing illness. The sample numbers were too small to look at these groups separately in each county, so the families from the two counties have been treated as one sample, and then divided according to whether the family had a certain characteristic or not. The characteristics looked at include the demographic and socio-economic situation recorded in the parent interview and the family situation recorded in the first social worker interview and reasons for social services arranging services. We also compared the group categorised as having multiple long-standing problems with the other groups. The two indicators of well-being were their aggregate GHQ scores, and the proportion of responses agreeing or strongly agreeing with a statement of an issue on the Family Problems Questionnaire.

Tables 9.3 and 9.4 show that in quite a few of the sub-groups the families with the characteristic that might *a priori* be expected to be associated with greater stress do have a higher score (lower well-being) than the families without the characteristic, and in several cases (indicated in the tables) the difference is statistically significant at the 10-per-cent level or less. Notable examples are respondents without partners, and families provided with services because of behavioural problems of a child. Both these groups of families had a significantly lower level of well-being at the start of the study.

# 4 Findings: outcomes after three months

## SOCIAL, ECONOMIC AND DEMOGRAPHIC CHANGE

By the time of the second interview there had been a few changes in family circumstances (Appendix 10). Ten families had changes in the children at home, five of which were cases of older children (aged 10 or over) moving away. The number of respondents with no partner remained the same but two cases had gained a partner and two had separated from a partner. Three families had moved house. Four had seen improvements in their material circumstances (as indicated by the gain of either a telephone, washing machine or use of car/van during the day), while six had experienced a worsening in at least one of these indicators of material circumstances.

## WELL-BEING AFTER THREE MONTHS

By the time of the second interview, well-being, as measured by lower scores on the GHQ and FPQ, had generally improved in both counties, with rather more improvement in Denbighshire. Table 9.1 shows that taking the sample as a whole the change in the GHQ was statistically significant at the 11-per-cent level and the change in the FPQ was significant at the 8-per-cent level. The average level of well-being in Denbighshire had been lower than in Conwy at the first interview (their GHQ scores were significantly different at the 15-per-cent level) and the improvement over the next three months was greater (the change in the GHQ score in Denbighshire was significant at the 4-per-cent level). At the end of the follow-up period well-being was still slightly lower in Denbighshire than in Conwy, but the difference was no longer significant.

Changes in the scores on individual questions on the FPQ show especially large falls in the number of families agreeing or agreeing strongly with the statement that they find control and discipline of the children a problem, and also a large fall in Denbighshire in the number expressing a strong need for a complete break from the children – but no change in Conwy (Table 9.2).

At second interview families were asked whether the severity of their main problem or stress had changed. Fourteen families said that their main problem was a lot or a little better, but almost half (19) said that it was a lot or a little worse (Table 11.2).

Tables 9.3 and 9.4 show that for some types of family the improvement in well-being was greatest among those with lowest well-being at the first interview, resulting in these families having a level of well-being at second interview closer to that of the families without the particular characteristic. But there were some exceptions. In particular, the improvement in well-being was much larger among respondents with partners than among lone parents. The buffering effect of support from partners was reinforced by the comments of parents in interviews, and by the observations of the interviewer, who noted that where partners were present they were often very supportive, whether or not they were the parent of all the children in the family.

There was no improvement in well-being for families where social workers had noted a drug problem or a struggle with financial problems. These results perhaps indicate the difficulty of improving the situation for families with these types of often long-term situations.

Moreover, those parents who initially rated their problems as very severe were the least likely to record an improvement in well-being (Table 9.3). Families who said at second interview that the main problem or stress had improved a lot or a little had actually started off with a *lower* score at first interview (higher level of well-being) than the group who said that their main problem had got worse or stayed the same (last row of Table 9.3)

## SOCIAL WORKER ASSESSMENT AT THE THREE-MONTH FOLLOW-UP

Another outcome measure was the extent to which social workers' objectives in arranging the service provided at the time of referral had been met. Social worker interviews were achieved for 36 of the families at follow-up. Thirteen said that their objectives in arranging the service for the family had definitely been met (six in Conwy, and seven in Denbighshire), while 12 said there had been mixed results and 11 said they had not been met. (Appendix 12).

The most common explanation given for objectives not being achieved was that the service had either not been used, or been used insufficiently to make an impact. Reasons for this included the service being withdrawn prematurely (for example in the case of *Cynllun Gwarchod*), the child or parent failing to attend, and restrictions on the amount of service that could be provided because of pressure on budgets. It was rarely the case that the service itself was felt to have been inappropriate, although two cases where objectives had not been achieved involved sessional workers 'befriending' and taking children out, and the social workers felt in retrospect that this support could have been more structured.

When asked whether the situation for the family and child had improved in the last three months social workers said they thought it had improved a lot or a little for the family in 19 cases (six in Conwy and 13 in Denbighshire). They thought it had improved a lot or a little for the child in 21 cases (nine in Conwy, 12 in Denbighshire). The situation was reported by social workers as worse for 11 families but as worse for the child in only five cases, suggesting that children's interests are being put first.

Generally, there was a good level of agreement between social workers and families as to whether things had improved or not. Families who said at the second interview that their main problem was a little or a lot better were more likely to be assessed by social workers as having children whose situation had improved.

## SOCIAL WORKER ASSESSMENT A YEAR LATER

Within the timescale of the project we were able to check on the progress of ten families (five in each county) 12 months later, through a final short phone interview with the family's social worker. All but one were still in contact with social services. We had allocated eight of the ten to either the 'multiple long-standing problems' or the 'acute stress' groups.

None of these families' or children's situations were judged by social workers to have worsened compared to a year previously. The situation for the child was said to have improved a little or a lot in seven families, although in one case this was due to the child being removed from home. However in some cases the situation had worsened in the intervening period before getting better again, for example when one partner had moved out and the children had been placed on the child protection register before the situation then resolved itself with the partner's return. This reinforces the need to take a long-term view of outcomes and effectiveness especially with families who are experiencing multiple problems.

## CHILD PROTECTION AND CHILDREN ACCOMMODATED

There were records of children in three families being placed on the child protection (CP) register or subject to a CP investigation in the three-month follow-up period: one in Conwy and two in Denbighshire. Five children had been accommodated, with three of these returning home

after a short period with a foster carer during a particular crisis. Three other families, all in Conwy, had been supported through a foster carer providing overnight or weekend care for their children on a regular basis, although in one case this service had only just started.

These numbers are too small for statistical analysis, or for meaningful comparison between the two counties. And we have not found any other study that might have given a good indication of the numbers of cases of child protection investigations or accommodation that one might expect in a three-month period among families of the kind that our sample represents. The most comparable study is that of Thoburn *et al.* (2000), but this had a 12-month follow-up period. In that period their study found 16 children from 108 families were placed on the child protection register and 14 children were accommodated or given respite care. Among the ten cases in our study followed through to 12 months, the children in one more family were added to the child protection register, and one additional child was accommodated.

Although rates of registration and accommodation are often used as outcome measures in studies of family support services (and we attempted to do the same), they may be difficult to interpret. A recent small-scale study for the Department of Health, which explored the reasons behind the great variation between local authorities on key children's services indicators, highlighted the many other factors that can affect numbers of children accommodated or placed on child protection registers, and the danger of making simplistic comparisons between authorities on the basis of such figures (Oliver, Owen, Statham and Moss forthcoming).

## FAMILIES' EXPERIENCES OF SERVICES

The need to obtain the views of users about the services they receive is being recognised as increasingly important and is a key aspect of programmes such as Best Value and Quality Protects Children First. Successful family support services need to be accessible and welcoming to those who use them. Table 11.1 shows the respondents' experience of the main service arranged.

Most of the families had received the service that had been arranged for them at the time of the first interview, and nearly half were still receiving it. The attitude of families was very positive: of the 35 who had received the service 24 thought that it had helped a lot and another eight that it had helped a little. Day care services were particularly appreciated, with comments such as:

> *I could get on with things, it kept her occupied.*
> *It took the pressure off.*
> *It relieved the stress enormously.*

Parenting courses were more likely to be viewed as having helped 'a little':

> *It was nice to get out of the house. It wasn't bad. I've tried it all before though.*

Only three families said that the service had not helped at all, and in two of these cases this was because they were unsure of the role of the family support worker and how what they did was supposed to help their child.

In most cases the child had settled well. However, seven families where the child was receiving an individual rather than group service (e.g. childminder rather than day nursery) noted that there had been a change in worker during the three months, and 11 noted some kind of disruption to the service. Three of these were Conwy families who had started with *Cynllun Gwarchod* only to have the service withdrawn sooner than expected:

> *[It stopped] just when you feel you're getting somewhere.*

Although they were generally positive about the services provided, parents had more equivocal views about the social workers who helped them to access these services. They were more likely to make negative than positive comments about social work support. From the parents' perspective, things they were critical of included:

- Services being suggested which were then not provided, or were withdrawn earlier than expected, leaving parents or children feeling let down.
- Not being treated as individuals or seen as important. One mother described a social worker discussing another child with her by mistake; another how she felt the family support worker was 'always hurrying to be somewhere else'.
- Social workers not fully appreciating the extent of their difficulties: 'they just don't want to know, none of them will come out when the children are at home, so how do they know how bad it is?'
- Not being kept informed, and feeling that things were happening 'behind their backs'.

On the other hand, when a good relationship had been established, parents could be very appreciative. One mother described being amazed at the support she was entitled to, and very satisfied with the help her social worker was giving her with housing problems.

One possible reason for dissatisfaction was that the services parents were offered, although generally welcomed, were not sufficiently extensive to make a real difference. Alternatively, there might have been other services that they thought would help them more. When asked in the first interview whether there were any other services that they thought would make their situation easier, the most common responses were more or a different type of childcare, a complete break from the children, and supervised activities especially during the holidays. Together these accounted for over half the responses (Table 7.4).

When asked the same question in the second interview, additional childcare still featured for Conwy families (particularly those where the *Cynllun Gwarchod* service had been withdrawn), but not in Denbighshire. In both counties, however, there was an increased emphasis on the need for support with financial and housing issues (Table 11.3). It seemed that with some of their most pressing concerns met, parents became more aware of the impact on themselves and their children of poor housing and money problems.

## REASONS FOR NON TAKE-UP OF SERVICES

Although the majority of parents did make use of the main support service offered to them, four families (two in each county) did not. The services concerned were a Home-Start drop-in, a family support worker, a parenting course and a parent support group. Another mother started a parenting course but did not complete it, because she felt she had got as much out of it as she needed.

Generally, parents (and children) did not attend because they saw the service as irrelevant to their needs, or were not prepared to make an effort.

> *I never bothered [with Home-Start], Tuesday is a difficult day. ... I might have gone if it was a different day but I'm not prepared to change my plans.*

Another said that her teenage daughter couldn't see the point of being taken out by the family support worker:

> *What, to walk round the shops ... she does that all day anyway.*

In one case, the parent and social worker appeared to have different perceptions about the kind of support that was needed: the mother wanted respite care at weekends and specialist help for her children's behaviour problems, whereas the social worker felt the main problem was the mother's difficulty in relating to her children and had offered a parenting course.

Given the high level of financial and relationship problems, it could have been expected that families would make more use than they did of voluntary advice agencies such as the Citizens Advice Bureau or Relate. In fact several parents in both counties commented on the fact that they would have used the CAB but were hampered by the limited opening hours. One mother had wanted to use Relate, but her partner was unwilling to attend with her.

# 5 Costs and outcomes

## USE OF SERVICES

Table 13.2 shows the use of services in the three months of the follow-up period preceding the second interview. It shows the number of families using a service, the average usage among all families in the sample, and the average usage among people using the service. The notes to the tables show the units of measurement: for instance, visits of social workers, sessions of sessional worker, days of foster care, half days in day nursery, sessions in *Cynllun Gwarchod*.

The same questions about amount of service use were included in the first interview (though sessional workers were not listed separately) so, although our focus of interest is the follow-up period, we can also show the services used in the three months before the first interview (Table 13.1) and therefore how much greater the service provision was in the follow-up period.

The figures for services used in the follow-up period (Table 13.2) show that for many services the number of people using them in each county and the amounts used were very similar. Families receiving a family support worker were given more visits in Denbighshire than Conwy, and Denbighshire social workers made slightly more visits. In Conwy, day care support was not provided exclusively through *Cynllun Gwarchod*; in fact in that county almost as much use was made of day nursery provision as in Denbighshire. The seven families receiving childminding through *Cynllun Gwarchod* received on average 13.6 sessions per family, but this was considerably less than the average of 45.5 sessions (roughly four half days a week over the three-month period) allocated to the eight families in Conwy provided with day nursery placements. In both counties the use made of nursery education and day nurseries was much higher than other children's services such as out of school clubs.

The voluntary sector had about the same level of involvement with the families in the two counties, though with a different pattern: for instance, a family centre was used in Denbighshire and Home-Start in Conwy. The most frequently used voluntary sector services (apart from *Cynllun Gwarchod*) were the Glan-y-Mor family centre in Denbighshire and the CAB. *Tai Hafan* (a housing association providing accommodation for low-income or socially disadvantaged families) provided a high level of support to two families, one in each county. Provision of support through transport to services, financial help and assistance with housing issues was quite common, with each being provided for nearly half of the families during the three months. Notable is the high use of health services, which is consistent with the high level of long-standing illness found among the study families. And impressive is the fact that during the study period over half of the families had been seen by a health visitor or midwife (in most cases by the health visitor).

A look back at Table 13.1, which shows use of services in the three months preceding the first interview, reveals that many services were being provided to the study families in the period before entry to the study. In the follow-up period there was an increase in the number of children being provided with a day nursery placement (from 13 to 17), and a substantial increase in the number of times the children used the service during the three months. Otherwise it is hard to discern significant increases in the provision of support services during the follow-up period compared to the period preceding the first interview, but below we show that expenditure on services was higher in the follow-up period.

## UNIT COSTS OF SERVICES

The intention had been to estimate local unit costs of the support services used by the families in our survey. The services concerned were social workers, family support workers, sessional workers, foster care, *Cynllun Gwarchod* and all other types of sponsored day care (day nurseries, childminding, out of school schemes, play schemes and playgroups). The final unit costs of family support services are given in Table 13.3.

The methodology used was based on that of the Personal and Social Services Research Unit (PSSRU) at the University of Kent in its ongoing work on costing health and personal social services (Netten *et al.* 1999). That is also the methodology being applied in the Department of Health's exercise on collecting data on children in need from local authorities in England (Beecham 2000). Their aim is to measure the cost of a unit of service, including in the costs an apportionment of all overheads such as buildings and support services, as well as management and supervision of the staff directly providing the service. This average cost measure approximates long run 'marginal' cost (the cost of an additional unit) (Beecham 2000) and is appropriate when taking an overview of spending, or when substantial alterations in service level, which would have implications for overhead costs, are at issue.

In the short run, small increases in service provision can often be made without affecting overheads, and it may then be more appropriate to omit these from the measurement of marginal costs. In this study, excluding overheads from the measurement of unit costs would reduce the estimated cost of each service by 15–18 per cent.

It proved infeasible to estimate local unit costs of the local authority services. This would have required local information on expenditure on various types of service; the amount of time spent by social services staff on management and supervision of services; the amount of time they spend in direct provision of services; and the activity level of each service (i.e. total number of days or sessions provided in the year). Discussions were held with finance and social services staff about the information needed and how it could be obtained. In the event, some of it was provided but not all, and this was insufficient for estimating local costs. In particular, information was lacking on activity levels and on how social workers and other social work staff allocate their time. Time diaries would have been ideal for the latter. In both authorities social services had planned a time diary exercise for its own management information needs, but although Conwy had carried out a time diary exercise in February no output was available from it in time for our study, and Denbighshire's exercise was not carried out in time.

The PSSRU work publishing national unit costs of health and personal social services (Netten *et al.* 1999) was designed to be useful in these circumstances. We have taken these and made some modifications for local conditions. The costs of social workers, family support workers and sessional workers were derived by substituting local salaries and wages (provided by finance Denbighshire) and local salary on-costs to the PSSRU figures for social workers, social work assistants and home care workers, the nearest equivalents. This gives a cost per hour of each type of staff. However, the parent interviews had collected information about the number of visits made to the families, rather than the amount of time social workers spent with families, and to work out a cost per visit, an estimate was needed of how much time a home visit involved on average, including the time of the visit, travel time and time spent at the office or elsewhere working on the case.

For social workers there was some local information. Some of the social workers responsible for families in the study (11 cases) had used the contact sheet provided to make a record of their activities concerning the families during the three-month follow-up period, and these have been used (by making some assumptions about the average time for a phone call and in some cases meetings) to estimate the proportion of client-related working time spent in home visits. These records indicate that the average length of time of a home visit is just under an hour, and social workers spend on average about 30 per cent of their client-related working time in face-to-face contact with the families, 20 per cent in travel and 50 per cent in meetings, letter writing, phone calls and so on concerning the case. These proportions are quite close to ones PSSRU has found in other studies of social worker time. In addition PSSRU uses in its cost estimates a finding from another study that social workers

spend 77 per cent of their working time on client-related work. Together these figures imply that one home visit implies a total of 4 hours' work, and this has been used to estimate the cost per home visit. In addition the PSSRU allowance of 15 per cent to cover management and administration has been added, but it would be preferable to make a local estimate on the basis on the amount of team leaders' time allocated to cases and management of social workers.

For family support workers and sessional workers the equivalent to this information on time use was not available locally, and so local salaries and wages for these employees have been taken and PSSRU figures for the proportion of time spent face to face with clients applied, uplifted a little because conversation with a local social services team manager suggested the PSSRU figures were low. Thus, it was assumed that family support workers spend 40 per cent and sessional workers 82 per cent of their time in face-to-face contact with clients. The only allowance made for social services time spent in supervision, training and support of family support workers and sessional workers is that covered by the PSSRU mark-ups for administration and overheads of 15 and 16 per cent respectively added to salary plus on-costs of National Insurance, holiday pay and so on.

The PSSRU work covers only some of the services available for supporting families. It does not include sponsored day care. Fees that social services pay for children they place and pay for in services were obtained locally. These need to be augmented by the cost of the time on average that social services staff spend on arranging placements, liaising with day care services about children, any time spent on training, supervision and support and time spent on administration. We have not been able to obtain this information, so, rather than leave it out we have added 50 per cent to fees. This is pure guess-work.

Costs of Home-Start were estimated from figures provided by Home-Start UK on the cost of running the service (Home-Start UK 1998). The cost of services at the Glan-y-Mor family centre was taken from a provisional PSSRU costing of group parenting sessions (assumed to be two hours long) carried out at family centres (Hallam and Knapp 1997). The cost of foster care was taken from PSSRU (Netten *et al.* 1999). The special child-minding service provided by *Cynllun Gwarchod* was costed from NCH records on expenditure and number of hours of childminding provided. The unit costs are summarised in Table 13.3.

## TOTAL COSTS OF SERVICES

For each family in the survey the total cost of the support services used in the previous three months was calculated by multiplying the unit cost by the quantity of it used by the family and then adding up the resulting figure to give the total cost of services used by the family. The resulting cost for each case was then summed over all cases to give overall costs for the study group. This was done at both first and second interview and the results are in Table 13.4. The purpose was to compare the overall levels of provision of support services in the two counties, and to do this by an indicator of the cost of services, derived by applying the same unit costs in each county, rather than by comparing actual expenditure.

We have done the calculations only for services where the bulk of the funding comes from social services and where the service might have been provided to help to prevent family breakdown (even if this is not the primary purpose of the service). Nursery education and education support services have been excluded, as have health and mental health services. These services show a remarkably similar level of use in the two counties, so their exclusion does not bias the picture given below of the relative spending in the two counties. Services with very low usage have also been omitted. The cost of providing transport and financial help has also been omitted because of the small amount involved (and the difficulty of putting an average cost figure on instances of help); however, these forms of help were also similar in the two counties.

Looking first at the costs per family, Table 13.4 shows that the average cost of family support services per family was £1,190 in the follow-up period and £945 in the period preceding the first interview. However, within those averages the variation is huge, with a

minimum in the follow-up period of zero and a maximum of £7,141 (a case with many days of foster care), and a range of zero to £5,038 in the period preceding the study.

The most expensive service is foster care, and although only a few families receive this form of care, it adds substantially to the costs of these families. We have divided cases using foster care into those where it took the form of regular respite care, and those where it was provided in a situation of family breakdown – either due to a short-term crisis or because the child needed to be accommodated for child protection reasons. Looking at family support services excluding foster care except regular respite, the average cost per family was £962 in the follow-up period and £790 in the three months preceding the first interview, a modest increase of £172 per family.

Next, looking at the total cost of support services: during the follow-up period this was £47,594, compared to £37,787 in the period before the first interview, an increase of 26 per cent. Taking out foster care (except regular respite), total cost was £38,489 in the follow-up period and £31,619 in the period before first interview, an increase of 22 per cent. These figures confirm that there was higher provision of support services in the follow-up period. However, there are quite a few families (seven in Conwy and nine in Denbighshire) where the cost of support services received by families was no higher during the three-month follow-up period than it had been in the three months before the first interview.

Turning now to look at the two counties separately, we find (Table 13.4) that average cost per family of support services provided for the families in the follow-up period was £1,132 in Conwy and £1,247 in Denbighshire. Total cost of support services was £22,649 in Conwy and £24,945 in Denbighshire. Cost excluding foster care (apart from respite) was £17,803 in Conwy and £20,687 in Denbighshire. Thus in both counties service cost was higher in the follow-up period than in the previous months. Costs of support services excluding foster care rose by 27 per cent in Conwy compared with 18 per cent in Denbighshire. In both of the three-monthly periods we looked at, the costs per family were higher in Denbighshire than in Conwy, but the differences in means were not statistically significant. In both periods Conwy spent more than Denbighshire on foster care, both for regular respite and for children looked after (though the latter is dominated by a few cases with high usage).

## COSTS AND OUTCOMES

Various statistical tests of association between the level of provision of family support services (as measured by their cost) and improvement in well-being (as measured by reductions in scores on the General Health and Family Problems questionnaires and the social worker assessments of whether things had improved for the child) and the social worker assessments of whether things had improved for the child were carried out, but no statistically significant associations were found, and we have not reported the results. The counties were very similar in the overall cost of service provision, and although we earlier found that the degree of improvement in Denbighshire was larger we were unable, in this quantitative approach, to draw out any statistically robust connections between the cost of services and outcomes for the families in the study.

# 6 Discussion

## KEY FINDINGS

The families in the study groups in the two counties were very similar in their social and demographic mix, with high levels of social and economic deprivation.

The service response in the two counties was quite similar, differing only in respect of services such as family centres and Home-Start, which were used relatively little compared to social work services.

Day care was also a substantial element in the provision of services, and this matched the emphasis that families themselves placed on providing development and play opportunities for the children and having some time to themselves.

Overall the cost of services provided in the follow-up period was about a quarter higher than in the three months preceding the first interview, but, as these families were already receiving quite a few services, the increase was only £172 per family. The increase was greater in Conwy, but the level of provision was higher in Denbighshire in both the three-month follow-up period and the three months preceding the first interview.

The average level of well-being, as measured by two indicators derived from questions in the parent interview, was slightly lower in Denbighshire than Conwy at the first interview; the improvement in well-being over the next three months was slightly greater in Denbighshire, but at the end of the follow-up period well-being was still slightly lower in Denbighshire than in Conwy.

Improvement in well-being was greater among respondents who were living with partners, and less among families identified by social workers as having financial difficulties or problems with drug or alcohol abuse. Respondents who rated their problems as very severe showed less improvement.

No statistically significant associations were found between the types of service provided, their cost of provision and the improvements of well-being shown by the two main indicators.

## THE ROLE OF DAY CARE IN SUPPORTING FAMILIES

Day care services, all of which were delivered by the voluntary or private sector, were very much appreciated by parents and were thought by them to have played an important role in improving the situation. In some cases, had affordable day care been available to the degree the families wanted, there would possibly have been no need for social services to get involved at all – for example, it would have been unnecessary for social services to arrange day care during the summer holidays for a father of three young children who had recently been bereaved and needed to continue working.

However, there was no significant relationship between the provision of day care and improvements in well-being as measured on the two questionnaires completed by parents. One possibility is that in neither county was the provision sufficient to make a difference. On average, the families who received the *Cynllun Gwarchod* childminding service had less than 14 half days over the three-month period, and those whose child was given a day nursery place received 49 half days. At the three-month follow-up fewer than half the families were still receiving the main service arranged for them. The increase in service

provision following the identification of these families as being on the point of breakdown was modest and in some cases nil. In a time of serious budget constraints it may well be that social workers are giving families lower levels of service than would be beneficial. Investigation of this hypothesis would need a study similar to this but with a much more far-reaching response capability in one of the authorities, supported by additional budget in that authority for the purpose of the experimental study.

## POVERTY AND ECONOMIC DEPRIVATION

The families who participated in this study were all at a point in their lives where services needed to be provided in order to prevent family breakdown and the children being accommodated. By definition, therefore, they had a high level of need. But it was also striking how many were living in conditions of poverty, poor housing and unemployment. The association between economic disadvantage and the chances that children will fail to thrive is well researched, as is the impact of struggling to bring up children in impoverished living conditions. 'Living on a low income in a run down neighbourhood does not make it impossible to be the affectionate, authoritative parent of healthy, sociable children. But it undeniably makes it more difficult.' (Utting 1995)

Whilst the services which social workers provided to support these families were generally welcomed, they could do little to address these wider problems which impacted on parents' ability to provide good care for their children.

## THE IMPORTANCE OF AN INTER-AGENCY RESPONSE

Most of the support provided by social services was directed at the children, such as day care provision. This was welcomed by parents and helped to alleviate stress, but in reality this stress often appeared to be the result of a much bigger problem which was preventing the parent from coping, such as financial problems, drug use, ill health and relationship difficulties, that other agencies were barely addressing. In most instances parents received support for their children and sporadic support for themselves, such as counselling; when childcare was reduced or stopped, the underlying situation remained just as bad and the withdrawal of the service became the focus of unrest.

These findings underline the importance of a broad, cross-agency approach to addressing social exclusion. Social services departments alone cannot tackle the root causes of many families' difficulties. Initiatives such as Sure Start and Children and Youth Partnerships are a step in the right direction. Further development of joint funding for education, health and social care services, and better links between services for adults and for children, could improve support for children in families like these with multiple needs.

The findings also support the broad approach to assessing children in need and their families as recommended in the new Assessment Framework (Department of Health *et al.* 2000). The framework describes three domains which should be taken into account when assessing need:

- the child's developmental needs
- the parents' or caregivers' capacity to respond appropriately
- wider family and environmental factors.

For the great majority of families in our study, meeting the needs thus identified would require a truly multi-agency response.

## CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Also striking was the high level of mental health difficulties, among both parents and children, and the need for more timely and widely available support in this area. Community interventions designed to address the mental health of school-aged children were reviewed in a recent publication in the Barnardo's 'What works?' series (Buchanan 1999). They

included problem-solving programmes, anti-bullying programmes and behaviour support programmes for children at risk of school exclusion. Some evidence was found to support all of these approaches. However, very little of the CAMHS staff time is currently spent on supporting such community-based work (Audit Commission 1999). CAMH services nationally are over-stretched and long waiting lists are common. Other studies of services to support families of children in need have also concluded that 'there is an urgent need for the development of early intervention mental health services' for children (Tunstill and Aldgate 2000). CAMH services in Wales are currently being reviewed by the National Assembly (2000a).

**ACCESSIBLE SUPPORT**

The study indicated the importance of partner relationships (including ex-partners) in affecting well-being and family stability. Along with their children's behaviour, this was the second most common source of difficulty for parents, and outcomes were better at three months for parents living with a partner than for those without. Yet none of the families had made use of services such as marriage guidance or Relate, and there was little indication that they were receiving much help or support in this area. Relationship issues may well have been explored in the counselling and psychiatric services that some parents were receiving, but by this stage difficulties were generally fairly severe. Clearly, such help cannot be forced on families. As with many family support services, the challenge is to find a way of offering accessible support that allows relationship difficulties to be explored, and that is able to reach fathers or male partners as well as mothers. This could be through better utilisation of services provided by other agencies, or it could be through an increased focus in social work practice on direct therapeutic work with families, which clearly has implications for social worker training.

Similar considerations of accessibility apply to the provision of parenting education and support. Although the most common problem identified by parents themselves was their children's behaviour, only six families had attended the NCH family centre with the objective of improving their parenting skills. This could partly be explained by a reluctance to admit that they needed help. Whilst well over half of parents (25) said in the Family Problems Questionnaire that they found control and discipline of their children a problem, only 14 agreed that they needed some help with the job of being parents. Others saw it as a problem in the child that needed attention from specialists. Parenting courses held at family centres or other community venues such as schools could meet a widespread need, but need to be provided in a way that engages parents and is not seen as threatening or irrelevant.

**BEST VALUE**

On the cost-benefit side, the study illustrated the difficulty of obtaining accurate information on the costs of family support services, which needs to be addressed if authorities are to be able to say anything about value for money in their service provision. Tools which have recently been produced to help with this include a guide to estimating unit costs for children's social care, arising from the Children in Need Audit in England (Beecham 2000), and the 'Best Value Accounting – Code of Practice', which applies to English and Welsh authorities from 1 April 2001. Our experience in this study suggests that there is insufficient recognition that best value and cost-effectiveness work inevitably places significant time demands on local authority staff in collating and analysing data.

**APPLYING COST-EFFECTIVENESS ANALYSIS TO SOCIAL WELFARE PROGRAMMES**

To some extent this exercise was regarded as a case study in the application of economic evaluation methods to a social welfare programme. In recent years there has been increasing attention given to establishing 'what works' in social welfare services (e.g. Alderson *et al.* 1996; Buchanan 1999), and a growing

interest in using economic evaluation techniques to assess value for money in public spending (Holtermann 1998; Sefton 2000). Cost-effectiveness and cost-benefit analysis are well-established in the health field but relatively undeveloped in the social welfare field, so lessons from attempted applications are especially useful.

One essential ingredient of economic evaluation is quantitative measurement of the outcomes of the alternative programmes, and in this research this was sought by following up two groups of families, sampled by identical criteria, in two local authorities that were similar in background characteristics but provided contrasting packages of services. The other measures needed for economic evaluation are the quantities of services used by each family during the study period as a result of the family support, and the cost per unit of service provided.

**What insights into the practicalities of applying this approach did our study provide?**

Successful features of our work were:

- The procedure for identifying families for the study was successful in obtaining samples of families similar in their overall characteristics in the two authorities. Given the difficulties of conducting randomised controlled trials (RCTs) in this kind of field this is a particularly useful result.
- The response from families was good and a high proportion of interviews were completed.
- The outcome measures used were successful in showing some differences over time and between various types of family.
- Collaboration between social scientist and economist worked well, with the economist involved from the beginning rather than brought in with a narrow remit to do the economic aspects.

However, a number of features were less successful:

- The sample size achieved was smaller than expected and too small for much of the analysis we would have liked to carry out. The throughput of suitable families was fairly slow. This was perhaps to some extent because our expectations were too high, but the other factor was that although we had very good co-operation from most of the social workers, establishing good working relationships was not helped by the reorganisation within social services that took place in one of the authorities during the project, and we were therefore perhaps not informed of all the suitable cases. We do not know what bias this introduced.
- There was too little contrast between the service packages and the scale of the response in the two authorities for it to be realistic to expect much difference in outcomes. When the study was designed it was thought that the presence of the special childminding scheme in one of the local authorities would provide a strong element of contrast, but in the event the use made of this scheme was scaled down soon after the start of our study.
- There was too little increase in the level of service provision between the period preceding the first interview of the study and the follow-up period for it to have been realistic to expect a great difference in outcomes.
- We were only partially successful in getting good quantitative information on the amount of each service used by families in the study. Experience from the case survey showed that social services case files would not have given enough information, so we included questions in the parent interviews. The PSSRU client service receipt inventory seemed very long and so we used a simplified version. Even then, the amount of detail and precision requested in these questions meant that they did not sit comfortably with the more open style of much of the rest of the interview. Moreover they were still not really detailed enough for good costing work; for instance we recorded the number of social worker visits with no attempt to record the length of time of the visits. So we should perhaps have bitten the

bullet and used the fully detailed questions of the PSSRU client service receipt inventory, at least for the family support services.

- It was not possible to make estimates of the local unit costs of services. For this we were reliant on local authority officers providing information on the use of time by social workers and other personnel, on the activity levels of services, and on local salaries, wages and expenditure. In the event they simply did not have time to provide all this and it would not have been possible for us as external researchers to obtain it by any other means.

# Conclusion

The study has provided an example of applying outcome measures and economic evaluation methods to the provision of family support services. It was able to demonstrate that families with a high level of need who were receiving support from social services did improve over a three-month period, although improvements were often not statistically significant, and that outcomes were poorer for families in some circumstances: for example those with the most severe needs, or referred because of financial problems or misuse of drugs or alcohol. Relationship problems with ex-partners figured highly in parents' own accounts of their difficulties, and those who were living with partners fared better after three months than those who were not.

Because the pattern of service provision and the costs involved were similar in both authorities it was not possible for the cost-benefit analysis to reach conclusions about the relationship between services and outcomes. The exercise of obtaining the information for the cost-benefit analysis provided some useful lessons for research and practice which have been summarised above (pp. 24–25).

The study also provided valuable information on the experiences and views of families with a high level of need who were receiving support from social services and other agencies. They particularly valued the provision of day care for their children, and generally appreciated the services they had been offered. They were clear about the characteristics they would like in social workers – reliability, respect for parents as individuals, understanding their difficulties, keeping them informed – but their overall view of the support received from social services and other agencies was fairly negative. Additional provision that could have helped to meet the families' needs were:

- more affordable and widely available day care
- accessible parent education/support services
- earlier support for both parents and children with mental health problems
- help with relationship difficulties.

Many of the families' needs could not be met by Social Services alone, and the study highlighted the importance of a broad inter-agency approach to addressing social exclusion and supporting families with a high level of need.

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# Appendices

## APPENDIX 1: SAMPLING CRITERIA

The following description was given to social workers in Denbighshire (and later in Conwy also) to guide their selection of families for inclusion in the study.

**Family Support Study: criteria for identifying families**

**Any case where a family support service is required to prevent family breakdown.**

This could include:
- Nursery provision
- Respite Care
- Childminder
- Family Support Worker

or

Referral to:
- Child and Family (CAMH service)
- Family Centre

Examples of family situations (not restricted to under-8s):

- Isolated rural location; parent has limited access to support networks
- Parent is taken into hospital
- Families where children have previously needed to be accommodated
- Concerns relating to child protection issues
- Parental issues, e.g. mental health, drug or alcohol misuse
- Parenting difficulties, e.g. parent has several young children, partner abandonment, child behavioural problems

## APPENDIX 2: FAMILY PROBLEMS QUESTIONNAIRE (adapted from Gibbons 1990)

This is a list of problems that people with families often have. Thinking about your family at the present time, please put a cross in the box that shows how much you agree with each statement.

| | *Strongly disagree* | *Disagree* | *Not sure* | *Agree* | *Strongly agree* |
|---|---|---|---|---|---|
| 2. I often feel lonely | | | | | |
| 5. I would like to go out socially more often | | | | | |
| 6. My husband/wife/partner and I seem to have a lot of rows | | | | | |
| 7. I would like some help in getting along better with someone important to me | | | | | |
| 8. My husband/wife/partner and I find it difficult to talk to each other about important things | | | | | |
| 11. I feel I/we need some help with the job of being parents | | | | | |
| 12. I find control and discipline of the children is a problem | | | | | |
| 13. It is difficult to find enjoyable things to do with the children | | | | | |
| 14. My husband/wife/partner and I can talk to each other about things that might be upsetting us | | | | | |
| 15. I feel I have a satisfying social life | | | | | |
| 16. I am really worried about one or more of the children | | | | | |
| 20. We are having difficulties getting what we need from an organisation (like DHSS or Social Services) | | | | | |
| 25. Illness in the family is a problem at the moment | | | | | |
| 26. I would describe my health as poor | | | | | |
| 27. I would like more help with my health problems | | | | | |
| 28. Our family has quite a few money worries | | | | | |
| 29. I am worried about debts or rent arrears | | | | | |
| 30. I would say our family is quite well off financially | | | | | |
| 31. We need practical help with our financial problems | | | | | |
| 35. I would like more help with babysitting or care for the children after school | | | | | |
| 36. I feel I sometimes need a complete break from the children for a short while | | | | | |
| 38. I am sometimes worried about my wife/husband/partner's violence | | | | | |
| 39. I sometimes worry that I will lose control and harm one of the children | | | | | |

## APPENDIX 3: RESPONSE RATE

Table 3.1: Schedules completed

| | *1st parent interview* | *1st social worker schedule* | *2nd parent interview* | *2nd social worker schedule* | *Social worker contact sheet* | *1-year follow-ups with social worker* |
|---|---|---|---|---|---|---|
| Conwy | 21 | 21 | 20 | 17 | 2 | 5 |
| Denbighshire | 22 | 24 | 20 | 20 | 9 | 5 |
| TOTAL | 43 | 45 | 40 | 37 | 11 | 10 |

Table 3.2: Refusals/non-completions

| | *1st parent interview* | *1st social worker schedule* | *Among cases with 1st parent interview completed* | | |
|---|---|---|---|---|---|
| | | | *2nd parent interview* | *2nd social worker schedule* | *Social worker contact sheet* |
| Conwy | 1 refusal (no contact) | | 1 refusal (moved away) | 2 cases with no social worker allocated, 1 schedule lost | 3 lost in post 15 not used |
| Denbighshire | 6 refusals (3 no contact) | | 2 refusals (1 moved away) | 1 case with no social worker allocated | 1 lost in post 11 not used |
| TOTAL | 7 | 0 | 3 | 4 | 30 |

Thus, there were 40 cases with both first and second parent interviews completed, 20 in each county. Of these 40 cases, social worker schedules were completed for all at the first interview stage and 36 at the second interview stage. The main analysis is conducted on these 40 cases. Three of these cases were pilots, but were included in the study results as there were few changes between pilot and subsequent questionnaires.

Of these 40 cases:

- ID 70 did not do the GHQ or FPQ at the second interview and has no second social worker interview.
- ID 8 was interviewed for the second time after nearly 6 months instead of 3 months
- four social worker contact sheets went missing in the post (1, 2, 8, 54) and these social workers had not answered the contact questions in the second social worker schedule
- the 3 pilot cases (ID 1, 2, 51) were asked about service use over the last four weeks while the rest were asked about service use over the previous 3 months.
- interviews with 10 social workers were completed after 12 months

First parent interviews took place between 18 May 1999 and 1 February 2000. Second parent interviews took place between 19 August 1999 and 10 May 2000.

## APPENDIX 4: DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE INTERVIEW SAMPLES

Table 4.1: Demographic and economic characteristics

| | *Number of cases* | | |
|---|---|---|---|
| | *All* | *Conwy* | *Denbighshire* |
| Female respondents | 35 | 17 | 18 |
| Living in town (population over 2,000) | 39 | 19 | 20 |
| Average number of children at home | 3 | 3 | 3 |
| Families with 3 or more children at home | 20 | 8 | 12 |
| Families with 5 or more children at home | 5 | 3 | 2 |
| Families with 1 or more children under 3 at home | 24 | 14 | 10 |
| Families with 1 or more children under 5 at home | 28 | 15 | 13 |
| Families with 3 or more children under 5 at home | 7 | 3 | 4 |
| Families with 1 or more children under 8 at home | 31 | 16 | 15 |
| Families with 3 or more children under 8 at home | 11 | 6 | 5 |
| Respondents age under 20 at first birth | 12 | 9 | 3 |
| Respondents with no partner | 23 | 11 | 12 |
| Respondents with partner who was parent of all children at home | 10 | 5 | 5 |
| Respondents with some further education since leaving school | 22 | 9 | 13 |
| Respondents with no educational qualifications | 21 | 12 | 9 |
| Respondents not in employment | 36 | 19 | 17 |
| Households with no wage earner | 29 | 15 | 14 |
| Respondents with partners in employment | 9 | 5 | 4 |
| Respondents with limiting long-standing illness | 19 | 9 | 10 |
| Families with a child with a limiting long-standing illness | 14 | 8 | 6 |
| Respondents with no house move in the last 5 years | 5 | 1 | 4 |
| Respondents with 3 or more house moves in last 5 years | 21 | 10 | 11 |
| Respondents living in council or housing association accommodation | 21 | 11 | 10 |
| Respondents living in private rented accommodation or sharing with friends | 15 | 8 | 7 |
| Families living at 1 or more persons per room | 12 | 9 | 3 |
| Families with access to a garden | 29 | 14 | 15 |
| Respondents with a phone | 34 | 17 | 17 |
| Respondents with a washing machine | 37 | 18 | 19 |
| Respondents with a car/van | 17 | 8 | 9 |
| Respondents with use of a car/van during the day | 11 | 4 | 7 |
| Respondents who see or speak to relatives several times a month or less | 10 | 5 | 5 |
| Respondents who see or speak to friends several times a month or less | 17 | 9 | 8 |
| TOTAL | 40 | 20 | 20 |

## APPENDIX 5: COMPOSITE INDICATORS OF SOCIAL DISADVANTAGE AND VULNERABILITY

The socio-economic and demographic data collected at first parent and social worker interviews were used to construct two summary composite indicators, very similar to those used in Gibbons (1990) and Thoburn *et al.* (2000)

**(A) Social disadvantage index**

Score 1 point for each of the following known to be present:

| | |
|---|---|
| *Large family size* | 5 or more children under 16 |
| | 3 or more children under 5 |
| *Housing tenure* | Not owner-occupier or council/HA tenant |
| *Overcrowding* | More than 1 person per room |
| *Lacks amenities* | Phone |
| | Washing machine |
| | Use of car/van during the day |
| *Income* | No wage earner in household |
| | Lone parent |

**(B) Vulnerability index**

Score 1 point for each of the following known to be present

- Mother under 20 at first birth
- Cohabiting adults, not joint parent of all children in home
- 3 or more house moves in last 5 years
- Any child in the household ever on the CP register or subject to a CP investigation
- Any child in the household ever accommodated
- A history of domestic violence
- A parent ever in trouble with the police

The first three indicators were taken from the first parent interview and the last four from the first social worker interview.

**Table 5.1: Combined indicators of social disadvantage and vulnerability**

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Social disadvantage index – mean | 3.2 | 3.5 | 3.0 |
| Families with social disadvantage index 3 or more | 27 | 15 | 12 |
| Vulnerability index – mean | 2.6 | 2.5 | 2.7 |
| Families with vulnerability index 2 or more | 29 | 15 | 14 |

## APPENDIX 6: FAMILY PROBLEMS

### Table 6.1: Problems cited by families

| | *All* | | *Conwy* | | *Denbighshire* | |
|---|---|---|---|---|---|---|
| | *Main problem* | *Cases with problem* | *Main problem* | *Cases with problem* | *Main problem* | *Cases with problem* |
| Main child(ren) | 8 | 16 | 4 | 7 | 4 | 9 |
| Sibling | 3 | 8 | 1 | 3 | 2 | 5 |
| Childcare/parenting issues | 5 | 16 | 3 | 8 | 2 | 8 |
| Partner relationship | 7 | 16 | 3 | 8 | 4 | 8 |
| Conflicts with families | | 5 | | 4 | | 1 |
| Conflicts with neighbours | 2 | 2 | 1 | 1 | 1 | 1 |
| Bereavement | 1 | 3 | | | 1 | 3 |
| Financial | 5 | 9 | 1 | 3 | 4 | 6 |
| Treatment by an organisation | 2 | 9 | | 2 | 2 | 7 |
| Availability of local health services | | 1 | | 1 | | |
| Housing | 2 | 9 | 2 | 3 | | 6 |
| Mental health | 4 | 13 | 4 | 9 | | 4 |
| Physical health | 1 | 5 | 1 | 2 | | 3 |
| Other | | 2 | | 2 | | |

### Table 6.2: Severity of main problem

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Very minor | 1 | | 1 |
| Minor | 2 | 2 | |
| Moderate | 4 | 2 | 2 |
| Serious | 14 | 6 | 8 |
| Very serious | 19 | 10 | 9 |
| Mean score (5 = very serious) | 4.2 | 4.2 | 4.2 |

### Table 6.3: Classification of families by problem type

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Multiple long-standing problems | 16 | 7 | 9 |
| Acute stress | 10 | 6 | 4 |
| Several issues, but coping | 9 | 5 | 4 |
| Short-term problems | 5 | 2 | 3 |

## APPENDIX 7: THE SERVICE RESPONSE

Table 7.1: Services families are waiting for

| | All | | Conwy | | Denbighshire | |
|---|---|---|---|---|---|---|
| | Number of cases | | | | | |
| | Main arranged | Others awaited | Main arranged | Others awaited | Main arranged | Others awaited |
| *Family support services:* | | | | | | |
| *Cynllun Gwarchod* | 10 | | 10 | | | |
| Childminder (other than CG) | 1 | | 1 | | | |
| Day nursery | 13 | | 5 | | 8 | |
| Playscheme | 1 | 1 | | | 1 | 1 |
| Parenting support scheme | 6 | | 3 | | 3 | |
| Home Start | | 2 | | 2 | | |
| Family support worker | 2 | 1 | | | 2 | 1 |
| Sessional worker/project worker | 4 | 2 | 1 | | 3 | 2 |
| Respite care | | 1 | | | | 1 |
| *Health services:* | | | | | | |
| Child and adolescent mental health service | 2 | 5 | | 2 | 2 | 3 |
| Adult mental health service | | 1 | | 1 | | |
| Drug/alcohol counselling/support | | 1 | | 1 | | |
| Specialist medical service | | 3 | | 2 | | 1 |
| Special education service | | 6 | | 3 | | 3 |
| Housing | | 2 | | | | 2 |
| Financial help | | 3 | | 3 | | |
| Other | 1 | 2 | | 1 | 1 | 1 |
| None | | 17 | | 10 | | 7 |

Table 7.2: How respondents feel about receiving the services arranged or awaited

| | All | | Conwy | | Denbighshire | |
|---|---|---|---|---|---|---|
| | Main | Others | Main | Others | Main | Others |
| Pleased | 34 | 19 | 16 | 8 | 18 | 11 |
| Not sure | 5 | 4 | 3 | 2 | 2 | 2 |
| Definitely not keen | 1 | | 1 | | | |
| Not answered/not applicable | | 17 | | 10 | | 7 |

**Table 7.3: Ways in which respondents thought that the arranged service might help**

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Provide development/play opportunities for child | 15 | 3 | 12 |
| Allow parent time on own | 14 | 8 | 6 |
| Allow parent to spend time with other children | 4 | 2 | 2 |
| Improve parenting skills | 2 | 1 | 1 |
| Enable parent to continue work/education | 1 | | 1 |
| Enable parent to attend another service | | | |
| Stop-gap until other services arranged | | | |
| Improve housing situation | | | |
| Other | 1 | 1 | |
| N/a or not asked | 12 | 6 | 6 |

**Table 7.4: Other services respondents thought would make their situation easier**

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Complete respite | 4 | 1 | 3 |
| Affordable childcare | 3 | 2 | 1 |
| More or different type of childcare | 5 | 2 | 3 |
| Supervised activities for children | 4 | | 4 |
| Increased provision of existing service (other than childcare) | 3 | 1 | 2 |
| Services for sibling(s) | | | |
| Counselling/parenting advice | 3 | 2 | 1 |
| Re-housing/housing improvement | 2 | 2 | |
| Financial support/advice | 1 | | 1 |
| Not sure what is available | 6 | 5 | 1 |
| Other | 4 | 2 | 2 |
| None/not answered | 11 | 6 | 5 |

## APPENDIX 8: SOCIAL WORKER INTERVIEW AT START OF STUDY

### Table 8.1: Who made the referral?

| | All | Conwy | Denbighshire |
|---|---|---|---|
| Child care team | 1 | | 1 |
| Community support team | 2 | | 2 |
| Parent support worker | | | |
| Parent | 5 | 3 | 2 |
| Health professional | 11 | 7 | 4 |
| Education professional | 3 | 1 | 2 |
| Other | 15 | 6 | 9 |
| Don't know | 2 | 2 | |
| Not answered | 1 | 1 | |

### Table 8.2: Family situation at referral

| | All | Conwy | Denbighshire |
|---|---|---|---|
| Families known to Social Services for 3 or more years | 26 | 14 | 12 |
| Families with a child at one time on the CP register or subject to a CP investigation | 20 | 9 | 11 |
| Families with a history of domestic violence | 18 | 7 | 11 |
| Families with parent ever in trouble with police | 16 | 7 | 9 |
| Families where a child has previously been accommodated | 14 | 6 | 8 |

### Table 8.3: Reasons for arranging services to support child

| | All | Conwy | Denbighshire |
|---|---|---|---|
| Parent(s) not coping because of behavioural problem of child | 20 | 9 | 11 |
| Disabilities (child) | 16 | 8 | 8 |
| Mental health (parent) | 16 | 10 | 6 |
| Financial circumstances/poverty | 12 | 7 | 5 |
| Parent(s) not coping because of several children under 5 | 11 | 8 | 3 |
| Drug/alcohol abuse (parent) | 10 | 4 | 6 |
| Domestic violence | 9 | 5 | 4 |
| Physical illness/hospitalisation (parent) | 8 | 3 | 5 |
| Learning disabilities (parent) | 5 | 3 | 2 |
| Parent(s) not coping because of loss or separation of partner | 4 | 2 | 2 |
| Isolated rural | 1 | 1 | |
| Post foster | 1 | | 1 |
| Other reason | 14 | 6 | 8 |

**Table 8.4: Social workers' objectives in arranging service**

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Child development/stability/behaviour | 21 | 6 | 15 |
| Support parent/give respite | 18 | 9 | 9 |
| Child protection/prevention of accommodation | 7 | 6 | 1 |
| Improve parenting skills | 6 | 4 | 2 |
| Enhance bonding/parent-child relationships | 6 | 2 | 4 |
| Allow parent to work/study | 2 | | 2 |
| Prevent family breakdown | 5 | 3 | 2 |
| Relieve mental health problems | 3 | 3 | |
| Other | 1 | | 1 |

## APPENDIX 9: WELL-BEING OF RESPONDENTS AT FIRST AND SECOND INTERVIEWS

Table 9.1: Summary of scores on the GHQ and the FPQ at first and second interview

| | *All* | | *Conwy* | | *Denbighshire* | |
|---|---|---|---|---|---|---|
| | *1st interview* | *2nd interview* | *1st interview* | *2nd interview* | *1st interview* | *2nd interview* |
| Average aggregate GHQ score[1] | 34 | 30 | 30 | 28 | 38 | 32 |
| Numbers with lower/unchanged GHQ score | | 24 | | 9 | | 15 |
| Numbers with higher GHQ score | | 15 | | 11 | | 4 |
| Average mean score on FPQ | 3.2 | 3.0 | 3.1 | 2.9 | 3.3 | 3.0 |
| % of FPQ scores 4 or 5[2] | 49 | 43 | 45 | 41 | 53 | 46 |
| Numbers with fewer/unchanged FPQ scores 4 or 5 | | 26 | | 13 | | 13 |
| Numbers with more FPQ scores 4 or 5[3] | | 13 | | 7 | | 6 |

1. The GHQ scores at first interview in Conwy and Denbighshire were significantly different in t-tests at the 15% level; the GHQ scores at the first and second interviews in the whole sample were significantly different at the 11% level, and within Denbighshire they were significant at the 4% level
2. The FPQ scores at first and second interview were significantly different at the 8% level and within Denbighshire they were significant at the 18% level
3. Scores of 4 or 5 on the FPQ represent 'agree' or 'strongly agree' with the statement of a problem: a reduction therefore indicates an improvement

Table 9.2: Number of cases agreeing or agreeing strongly with selected questions from the FPQ at first and second interview

| | *All* | | *Conwy* | | *Denbighshire* | |
|---|---|---|---|---|---|---|
| | *1st interview* | *2nd interview* | *1st interview* | *2nd interview* | *1st interview* | *2nd interview* |
| I feel I/we need some help with the job of being parents | 14 | 12 | 7 | 6 | 7 | 6 |
| I find control and discipline of the children is a problem | 25 | 16 | 12 | 7 | 13 | 9 |
| It is difficult to find enjoyable things to do with the children | 22 | 19 | 11 | 8 | 11 | 11 |
| I am really worried about one or more of the children | 23 | 23 | 10 | 12 | 13 | 11 |
| We are having difficulties getting what we need from an organisation (like DSS or Social Services) | 21 | 18 | 9 | 8 | 12 | 10 |
| Our family has quite a few money worries | 27 | 24 | 13 | 11 | 14 | 13 |
| I would like more help with babysitting or care for the children after school | 16 | 16 | 6 | 10 | 10 | 6 |
| I feel I sometimes need a complete break from the children for a short while | 31 | 26 | 14 | 14 | 17 | 12 |
| I sometimes worry that I will lose control and harm one of the children | 6 | 4 | 4 | 2 | 2 | 2 |

**Table 9.3: Association between family characteristics and well-being**

| *Indicator of well-being* | *Sum of GHQ scores* | | | | *Per cent of 4 or 5 scores on FPQ* | | | |
|---|---|---|---|---|---|---|---|---|
| | *Interview 1* | | *Interview 2* | | *Interview 1* | | *Interview 2* | |
| Families with 3 or more children | 38<br>11% | 29 | 31 | 29 | 54<br>15% | 44 | 46 | 41 |
| Families with 3 or more children under 8 | 30 | 35 | 27 | 31 | 51 | 48 | 42 | 43 |
| Families with a child under 3 | 30<br>16% | 38 | 28 | 33 | 50 | 48 | 43 | 44 |
| Respondents without partners | 38<br>10% | 28 | 36<br>1% | 21 | 54<br>7% | 42 | 52<br>1% | 31 |
| Families with no wage earner | 35 | 30 | 31 | 27 | 51 | 43 | 45 | 39 |
| Respondents with a limiting longstanding illness | 38<br>10% | 29 | 31 | 29 | 54 | 44 | 44 | 43 |
| Families with a high score on the deprivation index | 34 | 34 | 31 | 27 | 52 | 43 | 46 | 37 |
| Families with a high score on the vulnerability index | 34 | 34 | 30 | 30 | 48 | 50 | 41 | 48 |
| Families with main problem self-rated as very severe | 42<br>1% | 27 | 37<br>1% | 23 | 57<br>1% | 40 | 53<br>1% | 34 |
| Families with multiple long-term problems | 37 | 31 | 35<br>15% | 27 | 52 | 47 | 43 | 44 |
| Families who said main problem/stress had improved a lot or a little | 29<br>23% | 36 | 21<br>1% | 35 | 43 | 51 | 33<br>3% | 50 |

Note: The first figure in a pair (shaded column) is the score of the group of families with the characteristic and the second figure is the score of the group without the characteristic. The percentage figure underneath the first of the pair is the significance level of the t-test for the difference of mean scores if it is less than 25 per cent. If significance is noted it means that the difference in score between the families with and the families without the characteristic is statistically significant at the level shown. The lower the percentage, the more significant the association found.



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**Table 9.4: Association between family situation as recorded by social workers and well-being**

| *Indicator of well-being* | *Sum of GHQ scores* | | | | *Per cent of 4 or 5 scores on FPQ* | | | |
|---|---|---|---|---|---|---|---|---|
| | *Interview 1* | | *Interview 2* | | *Interview 1* | | *Interview 2* | |
| Families known to social services for 3 or more years | 37 | 30 | 30 | 29 | 49 | 48 | 38 | 45 |
| Families with a child that had been on the CP register, or subject to CP investigation, at some time | 30 18% | 37 | 27 | 33 | 45 | 53 | 35 | 51 |
| Families with a history of domestic violence | 35 | 32 | 33 | 28 | 51 | 47 | 45 | 42 |
| Families who had been in trouble with the police | 33 | 34 | 28 | 31 | 49 | 49 | 39 | 46 |
| Families with a child accommodated at some time | 40 10% | 30 | 36 11% | 27 | 52 | 47 | 43 | 44 |
| Social worker reasons for arranging services: inability to cope due to: | | | | | | | | |
| drug/alcohol problems | 38 | 32 | 38 6% | 27 | 53 | 47 | 48 | 42 |
| disability of a child | 36 | 32 | 32 | 28 | 49 | 48 | 43 | 44 |
| mental health of parent | 38 17% | 31 | 31 | 29 | 54 | 45 | 44 | 43 |
| financial difficulties | 34 | 34 | 34 | 28 | 52 | 47 | 53 12% | 40 |
| several children under 5 | 26 8% | 37 | 26 | 31 | 44 | 51 | 40 | 45 |
| behaviour problems of a child | 40 2% | 27 | 33 | 27 | 58 1% | 40 | 45 | 41 |

Note: The first figure in a pair (shaded column) is the score of the group of families with the characteristic and the second figure is the score of the group without the characteristic. The percentage figure is the significance level of the t-test for the difference of means if it is less than 25 per cent. If significance is noted it means that the difference in score between the families with and the families without the characteristic is statistically significant at the level shown.

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## APPENDIX 10: CIRCUMSTANCES OF FAMILIES AT SECOND INTERVIEW

Table 10.1: Demographic and socio-economic circumstances at second interview

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Families with the same number of children at home | 30 | 15 | 15 |
| Respondents with no partner | 23 | 11 | 12 |
| Families with no earner | 32 | 17 | 15 |
| Families moved house in last 3 months | 3 | 1 | 2 |
| Material circumstances, changes in last 3 months | | | |
| Improved | 4 | 3 | 1 |
| Same | 30 | 15 | 15 |
| Worse | 6 | 2 | 4 |

Table 10.2: Degree of social contact at first and second interview

| | *All* | | *Conwy* | | *Denbighshire* | |
|---|---|---|---|---|---|---|
| | *1st interview* | *2nd interview* | *1st interview* | *2nd interview* | *1st interview* | *2nd interview* |
| Respondents who see or speak to relatives several times a month or less | 10 | 16 | 5 | 10 | 5 | 6 |
| Respondents who see or speak to friends several times a month or less | 17 | 17 | 9 | 9 | 8 | 8 |

## APPENDIX 11: RESPONDENTS' EXPERIENCE OF SERVICES

**Table 11.1: Respondents' experience of the main service arranged**

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Was the service arranged 3 months ago received? | | | |
| Yes | 35 | 17 | 18 |
| No | 4 | 2 | 2 |
| Not sure | 1 | 1 | |
| Transport was needed | 12 | 7 | 5 |
| Transport was offered | 10 | 6 | 4 |
| Still receiving service? | | | |
| Yes | 18 | 8 | 10 |
| No | 16 | 8 | 8 |
| Don't know | 1 | 1 | |
| Did the service help? | | | |
| A lot | 24 | 12 | 12 |
| A little | 8 | 5 | 3 |
| No | 3 | | 3 |
| How did the service help? | | | |
| Allow parent time on own | 13 | 8 | 5 |
| Increase parenting skills | 4 | 1 | 3 |
| Allow parent time with other children | 6 | 2 | 4 |
| Provide development/play opportunities for child | 14 | 7 | 7 |
| Enable parent to attend another service | 1 | 1 | |
| Enable parent to continue work/education | 1 | | 1 |
| Other | 2 | 1 | 1 |
| Not answered | 8 | 5 | 3 |
| How well did child settle? | | | |
| Well | 28 | 15 | 13 |
| Unsure | 4 | 1 | 3 |
| Unsettled | 3 | 1 | 2 |
| Did the child have the same worker throughout ? | | | |
| Yes | 11 | 2 | 9 |
| No | 7 | 7 | |
| N/a | 24 | 11 | 13 |
| Was there any disruption to the service? | | | |
| Yes | 11 | 7 | 4 |
| No | 23 | 9 | 14 |

**Table 11.2: Change in severity of main problem/stress identified from first interview**

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| A lot better | 7 | 4 | 3 |
| A little better | 7 | 4 | 3 |
| About the same | 6 | 3 | 3 |
| A little worse | 6 | 4 | 2 |
| A lot worse | 13 | 5 | 8 |

**Table 11.3: Other services that respondents think would make their situation easier**

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Complete respite | 2 | 1 | 1 |
| Affordable childcare | 1 | 1 | |
| Counselling/parenting advice | 3 | | 3 |
| Re-housing/housing improvement | 4 | 2 | 2 |
| Increased provision of existing service (other than childcare) | 5 | 2 | 3 |
| Supervised activities for children | | | |
| More or different type of childcare | 4 | 4 | |
| Services for sibling(s) | 1 | 1 | |
| Financial support/advice | 7 | 2 | 5 |
| Not sure what is available | 2 | 1 | 1 |
| Other | 6 | 2 | 4 |
| None/not answered | 7 | 4 | 3 |

**Table 11.4: Current position on the other services awaited three months ago**

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Received | 9 | 6 | 3 |
| On waiting list | 8 | 2 | 6 |
| Family did not attend | 4 | 1 | 3 |
| Service refused | 2 | | 2 |
| N/a | 16 | 10 | 6 |

## APPENDIX 12: SOCIAL WORKER FOLLOW-UP INTERVIEW AFTER THREE MONTHS

Table 12.1: Social worker records at three months

| | A | *Conwy* | *Denbighshire* |
|---|---|---|---|
| Have the social worker's objectives been met? | | | |
| Definitely | 13 | 6 | 7 |
| To some extent/mixed results | 12 | 6 | 6 |
| No | 11 | 5 | 6 |
| Is the child/family still receiving services? | | | |
| Yes | 32 | 15 | 17 |
| No | 4 | 2 | 2 |
| Has any child receiving the target service been placed on the CP register or subject to a CP investigation in the last 3 months? | | | |
| Yes | 3 | 1 | 2 |
| No | 33 | 16 | 17 |
| Has any child been removed from the CP register? | | | |
| Yes | | | |
| No | 36 | 17 | 19 |
| Has any child needed to be accommodated? | | | |
| Yes | 5 | 3 | 2 |
| No | 31 | 14 | 17 |
| Has any child returned to family home after accommodation? | | | |
| Yes | 1 | | 1 |
| No | 35 | 17 | 18 |
| Has the situation for the family improved in the last 3 months? | | | |
| Improved a lot | 7 | 2 | 5 |
| Improved a little | 12 | 4 | 8 |
| Stayed much the same | 5 | 4 | 1 |
| Got a little worse | 8 | 5 | 3 |
| Got a lot worse | 3 | 1 | 2 |
| No information | 1 | 1 | |
| Has the situation for the child(ren) receiving the service improved in the last 3 months? | | | |
| Improved a lot | 7 | 4 | 3 |
| Improved a little | 14 | 5 | 9 |
| Stayed much the same | 8 | 5 | 3 |
| Got a little worse | 3 | 1 | 2 |
| Got a lot worse | 2 | 1 | 1 |
| No information | 2 | 1 | 1 |

Note: base for this table is 36 cases

## APPENDIX 13: SERVICE USE AND COSTS

Table 13.1: Services used in the three months before the first interview

| | *All* | | | *Conwy* | | | *Denbighshire* | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Cases using* | *Mean use, all* | *Mean use, users* | *Cases using* | *Mean use, all* | *Mean use, users* | *Cases using* | *Mean use, all* | *Mean use, users* |
| **Social services (SSD)** | | | | | | | | | |
| Social worker | 35 | 5.5 | 6.3 | 18 | 5.1 | 5.9 | 17 | 5.7 | 6.7 |
| Family support worker | 13 | 3.1 | 9.6 | 4 | 1.5 | 7.3 | 9 | 4.8 | 10.7 |
| Foster care | 6 | 3.1 | 20.8 | 4 | 4.5 | 22.5 | 2 | 1.8 | 17.5 |
| Other professional service | 3 | 0.5 | 7.0 | | | | 3 | 1.1 | 7.0 |
| **Social services (vol)** | | | | | | | | | |
| Glan-y-Mor family centre<br>Canolfan Seion | 6 | 2.1 | 14.2 | | | | 6 | 4.3 | 14.2 |
| Home Start | 4 | 0.6 | 6.3 | 4 | 1.3 | 6.3 | | | |
| *Cynllun Gwarchod* | 7 | 0.7 | 4.0 | 7 | 1.4 | 4.0 | | | |
| Women's Aid | 3 | 0.8 | 10.3 | 2 | 1.4 | 13.5 | 1 | 0.2 | 4.0 |
| Marriage guidance | | | | | | | | | |
| CAB<br>Rhyl community agency | 2 | 0.1 | 2.5 | | | | 2 | 0.3 | 2.5 |
| *Tai Hafan* | 2 | 0.8 | 16.0 | 1 | 0.4 | 8.0 | 1 | 1.2 | 24.0 |
| Other voluntary service | 6 | 1.9 | 12.8 | 3 | 3.5 | 23.7 | 3 | 0.3 | 2.0 |
| **Day care** | | | | | | | | | |
| Nursery education | 15 | 17.6 | 46.9 | 8 | 19.3 | 48.1 | 7 | 16.0 | 45.6 |
| Day nursery | 13 | 5.7 | 17.5 | 5 | 2.8 | 11.0 | 8 | 8.7 | 21.6 |
| Childminder (not CG) | 2 | 0.7 | 14.5 | 1 | 0.2 | 4.0 | 1 | 1.3 | 25.0 |
| Playgroup | 3 | 1.6 | 21.3 | 1 | 1.8 | 36.0 | 2 | 1.4 | 14.0 |
| Toddler group | 1 | 0.3 | 12.0 | 1 | 0.6 | 12.0 | | | |
| Holiday playscheme | 4 | 0.5 | 4.5 | 2 | 0.6 | 6.0 | 2 | 0.3 | 3.0 |
| Out of school club<br>Playbus | 3 | 1.7 | 22.0 | 1 | 0.5 | 10.0 | 2 | 2.8 | 28.0 |
| Supervised activity/club | 12 | 4.5 | 14.8 | 7 | 5.1 | 14.6 | 5 | 3.8 | 15.2 |
| Other children's service | 3 | 0.8 | 11.0 | | | | 3 | 1.7 | 11.0 |
| **Education** | | | | | | | | | |
| Ed. psychologist | 7 | 0.6 | 3.4 | 2 | 0.2 | 1.5 | 5 | 1.2 | 4.2 |
| Ed. social worker/ EWO<br>Home Tutor | 8 | 1.1 | 4.7 | 2 | 0.5 | 6.0 | 7 | 1.5 | 4.3 |
| **Other support** | | | | | | | | | |
| Transport to services | 13 | 2.2 | 6.8 | 4 | 3.3 | 16.5 | 9 | 1.2 | 2.6 |
| Financial help | 15 | 0.5 | 1.4 | 7 | 0.5 | 1.4 | 8 | 0.6 | 1.4 |
| Special aids | 3 | 0.1 | 1.0 | 1 | 0.1 | 1.0 | 2 | 0.1 | 1.0 |
| Housing help | 16 | 0.5 | 1.3 | 8 | 0.5 | 1.3 | 8 | 0.5 | 1.3 |
| Other | 1 | – | 1.0 | | | | 1 | – | 1.0 |
| **Health services** | | | | | | | | | |
| Doctor, home or surgery | 35 | 4.4 | 5.2 | 19 | 5.2 | 5.4 | 15 | 3.7 | 4.9 |
| Doctor at hospital | 25 | 3.7 | 5.9 | 15 | 2.3 | 3.0 | 10 | 5.2 | 10.3 |
| Health visitor/midwife | 24 | 4.6 | 7.7 | 14 | 4.5 | 6.9 | 10 | 4.4 | 8.8 |
| Child health specialist | 18 | 3.9 | 8.6 | 10 | 1.5 | 5.1 | 8 | 5.2 | 12.9 |
| Adult mental health | 11 | 2.1 | 7.6 | 7 | 2.1 | 9.1 | 4 | 1.0 | 5.0 |
| Child mental health | 3 | 0.2 | 2.3 | 1 | – | 1.0 | 2 | 0.3 | 3.0 |

Note: units of measurement are given after Table 13.2

Table 13.2: Services used in the three months before the second interview

| | *All* | | | *Conwy* | | | *Denbighshire* | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Cases using* | *Mean use, all* | *Mean use, users* | *Cases using* | *Mean use, all* | *Mean use, users* | *Cases using* | *Mean use, all* | *Mean use, users* |
| **Social services (SSD)** | | | | | | | | | |
| Social worker | 28 | 4.6 | 6.6 | 14 | 4.1 | 5.8 | 14 | 5.2 | 7.4 |
| Family support worker | 10 | 2.7 | 10.9 | 4 | 1.6 | 7.8 | 6 | 3.9 | 13.0 |
| Sessional worker | 5 | 1.5 | 11.6 | 1 | 1.2 | 24.0 | 4 | 1.7 | 8.5 |
| Foster care | 8 | 3.7 | 18.5 | 5 | 4.5 | 18.0 | 3 | 2.9 | 19.3 |
| Other professional service | 4 | 0.2 | 1.8 | 2 | 0.2 | 1.5 | 2 | 0.2 | 2.0 |
| **Social services (vol)** | | | | | | | | | |
| Glan-y-Mor family centre | 6 | 2.0 | 13.0 | | | | 6 | 3.9 | 13.0 |
| Canolfan Seion | | | | | | | | | |
| Home Start | 5 | 0.6 | 5.0 | 5 | 1.3 | 5.0 | | | |
| *Cynllun Gwarchod* | 7 | 2.4 | 13.6 | 7 | 4.8 | 13.6 | | | |
| Women's Aid | 3 | 0.3 | 3.7 | 2 | 0.5 | 4.5 | 1 | 0.1 | 2.0 |
| Marriage guidance | | | | | | | | | |
| CAB | 9 | 0.4 | 1.9 | 4 | 0.5 | 2.3 | 5 | 0.4 | 1.6 |
| Rhyl community agency | | | | | | | | | |
| *Tai Hafan* | 2 | 1.1 | 21.0 | 1 | 1.2 | 24.0 | 1 | 0.9 | 18.0 |
| Other voluntary service | 5 | 0.9 | 7.0 | 3 | 1.5 | 9.7 | 2 | 0.3 | 3.0 |
| **Day care** | | | | | | | | | |
| Nursery education | 10 | 12.3 | 49.0 | 5 | 12.0 | 48.0 | 5 | 12.5 | 50.0 |
| Day nursery | 17 | 20.9 | 49.1 | 8 | 18.2 | 45.5 | 9 | 23.5 | 52.2 |
| Childminder (not CG) | 1 | 0.3 | 12.0 | 1 | 0.6 | 12.0 | | | |
| Playgroup | 6 | 3.2 | 21.3 | 5 | 6.3 | 25.2 | 1 | 0.1 | 2.0 |
| Toddler group | 2 | 0.4 | 8.0 | 2 | 0.8 | 8.0 | | | |
| Holiday playscheme | 4 | 1.8 | 17.5 | 1 | 1.0 | 20.0 | 3 | 2.5 | 16.7 |
| Out of school club | 4 | 4.5 | 44.8 | 2 | 2.4 | 23.5 | 2 | 6.6 | 66.0 |
| Playbus | 3 | 0.6 | 8.3 | | | | 3 | 1.3 | 8.3 |
| Supervised activity/club | 12 | 5.0 | 16.8 | 6 | 5.3 | 17.5 | 6 | 4.8 | 16.0 |
| Other children's service | 5 | 0.8 | 6.4 | 4 | 1.5 | 7.8 | 1 | – | 1.0 |
| **Education** | | | | | | | | | |
| Ed. psychologist | 6 | 0.2 | 1.5 | 5 | 0.4 | 1.4 | 1 | 0.1 | 2.0 |
| Ed. social worker/ EWO | 8 | 0.8 | 3.8 | 3 | 1.1 | 7.3 | 6 | 0.9 | 3.0 |
| Home Tutor | 1 | 0.2 | 6.0 | 1 | 0.3 | 6.0 | | | |
| **Other support** | | | | | | | | | |
| Transport to services | 15 | 0.8 | 2.2 | 9 | 1.4 | 3.0 | 6 | 0.3 | 1.0 |
| Financial help | 13 | 0.7 | 2.1 | 6 | 1.0 | 3.2 | 7 | 0.4 | 1.1 |
| Special aids | 3 | – | 1.0 | 3 | 0.2 | 1.0 | | | 1.2 |
| Housing help | 17 | 0.8 | 1.9 | 8 | 1.1 | 2.8 | 9 | 0.6 | 1.0 |
| Other | 1 | – | 1.0 | | | | 1 | – | |
| **Health services** | | | | | | | | | |
| Doctor, home or surgery | 34 | 5.0 | 5.8 | 17 | 5.9 | 6.9 | 17 | 4.0 | 4.7 |
| Doctor at hospital | 22 | 2.1 | 3.8 | 11 | 2.5 | 4.5 | 11 | 1.8 | 3.2 |
| Health visitor/midwife | 23 | 2.6 | 4.6 | 12 | 3.0 | 5.0 | 11 | 2.3 | 4.1 |
| Child health specialist | 19 | 2.0 | 4.3 | 10 | 1.5 | 2.9 | 9 | 3.2 | 7.1 |
| Adult mental health | 12 | 1.9 | 6.4 | 8 | 2.9 | 7.3 | 4 | 0.4 | 1.8 |
| Child mental health | 2 | – | 1.0 | | | | 2 | 0.1 | 1.0 |

**Units of measurement**

For social services Tables 13.1 and 13.2 show the number of visits made by or to a service in the previous 12 weeks (or 4 weeks in the case of 3 pilot interviews), regardless of whether the main child, parent or other child used the service.

Foster Carer is counted in number of days.

Glan-y-Mor is counted as number of sessions (half days) adding together use by each family member going to a separate service within the centre.

*Cynllun Gwarchod* is number of half days or sessions of childminder time.

Nursery education is counted as half days during term time.

Day nursery, childminding, playgroup, toddler group, holiday play scheme etc are counted in half days or sessions or number of visits (a whole day in a holiday play scheme would be counted as two half days, and pre/post school or just post school in an out of school club would be counted as a session).

For other kinds of support (transport, etc.) the number of instances of these forms of help is counted, for each type of help. In the case of transport the number of round trips is counted (i.e. to and from special school counts as one instance each day attended).

**Table 13.3: Unit costs of family support services**

| | |
|---|---|
| Social worker | £77.60 per home visit of 1 h |
| Family support worker | £38.33 per home visit of 1 h |
| Sessional worker | £27.43 per session of 2.5 hou |
| Foster care | £73.43 per day (with overnight stay) |
| Glan-y-Mor family centre | £20.46 per session of 2 hours |
| Home Start | £20.52 per 2 hour session |
| *Cynllun Gwarchod* | £19.30 per 2.5 hour session per child |
| Day nursery | £12.00 per half day |
| Childminder (not CG) | £9.00 per half day |
| Playgroup | £4.13 per session |
| Holiday playscheme | £10.88 per half day session |
| Out of school club | £7.50 per session |

**Table 13.4: Cost of the family support services of Table 13.3**

| | *All* | *Conwy* | *Denbighshire* |
|---|---|---|---|
| **Including all foster care** | | | |
| *In 3 months before 1st interview* | £ | £ | £ |
| Mean | 945 | 906 | 983 |
| Range | 0 to 5,038 | 19 to 5,038 | 0 to 3,724 |
| Sum | 37,787 | 18,127 | 19,660 |
| *In 3 months before 2nd interview* | | | |
| Mean | 1,190 | 1,132 | 1,247 |
| Range | 0 to 7,141 | 0 to 5,139 | 0 to 7,141 |
| Sum | 47,594 | 22,649 | 24,945 |
| **Excluding foster care (except regular respite)** | | | |
| *In 3 months before 1st interview* | | | |
| Mean | 790 | 701 | 880 |
| Range | 19 to 2,195 | 19 to 1,870 | 0 to 2,195 |
| Sum | 31,619 | 14,015 | 17,604 |
| *In 3 months before 2nd interview (follow-up period)* | | | |
| Mean | 962 | 890 | 1,034 |
| Range | 0 to 3,836 | 0 to 2,553 | 0 to 3,836 |
| Sum | 38,489 | 17,803 | 20,687 |

# *Supporting Families*

## A comparative study of outcomes and costs of services for children in need

Supporting families in times of crisis requires expensive resources, but little is known about the costs and effectiveness of family support services. This study looks at the full range of services provided in two local authorities to forty families who were on the point of breaking down without support. It compares costs in the two authorities and the outcomes for the families after three months.

- *What services were offered to families, by different agencies, to try to prevent family breakdown?*
- *How much did these services cost?*
- *How had the circumstances and well-being of parents and children changed three months later?*
- *What did families think of the services they were offered and the social work support they received?*

The book describes the approach adopted in the study to measuring outcomes and costing family support services and the problems that were encountered. This will make it useful reading for social work practitioners, planners and purchasers, Best Value officers, and all those concerned with providing and costing services to support families with young children.

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